

**DIVERSITY HOME HEALTH GROUP, LLC**

**Client Satisfaction Survey**

Date home care services began: \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Please rate the following:</b>	<b>Very Good</b>	<b>Good</b>	<b>Needs Improvement</b>	<b>Not Applicable</b>
Overall quality of home health care services				
Your experience with the Nurse				
Your experience with your Home Health Aide/PCA				
Your experience with the PCA supervisory Nurse				
Satisfaction with Diversity Home Health Group's service				
Office staff's ability to answer all of your questions				
Staff's performance in addressing any issue while under our care				

**Please check which of the agency's providers that you think need improvement with patient care:**

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Home Health Aid (CNA)
- Personal Care Assistant (PCA)
- Medical Social Worker
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Speech Therapist (ST)
- Clinical Counselor
- Acupuncturist
- Other (specify below) \_\_\_\_\_

**Improvement(s) needing to be made:** \_\_\_\_\_

\_\_\_\_\_

**Other comments:** \_\_\_\_\_

\_\_\_\_\_

**Would you recommend this home health agency to others?**  Yes  No

If no, please tell us what we could do to make your experience with us 100% satisfactory: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Thank you. We appreciate your comments and suggestions for improving our services.**