

Cayuga County Home Care Agency  
8 Dill Street, Auburn, NY 13021  
Tele: 315-253-1301 Fax: 315-253-1465

## PATIENT SATISFACTION SURVEY

Date: \_\_\_\_\_

PATIENT Name: \_\_\_\_\_ (optional) Telephone: \_\_\_\_\_

Please check one of the following choices:

- Survey being performed during the patient's admission with the agency
- Survey being performed after the patient's discharge from the agency

My name is Andrea Anderson and I am Director of the Home Care Agency. I have a few questions for you to complete about the satisfaction with the care you are currently receiving or have received in the past. It should take about 5 minutes of your time. The information is very important to me in making improvements in the agency regarding patient care and services. This information will be kept confidential and will in no way affect the services you received or will receive in the future. When completing the survey, think about the different providers from the Home Care Agency that you have worked with. Thank you for your time and assistance. I appreciate it!

1. The courtesy and respect shown by the home care providers was:
  1. Poor
  2. Good
  3. Excellent
  
2. The home care provider's ability to answer your questions was:
  1. Poor
  2. Good
  3. Excellent
  
3. The home care provider's ability to tell you in advance when you would receive a home care visit was:
  1. Poor
  2. Good
  3. Excellent
  
4. When the home care providers scheduled visits with you, their ability to get to your house on time was:
  1. Poor
  2. Good
  3. Excellent
  
5. The skills and competence of the home care providers were:
  1. Poor
  2. Good
  3. Excellent
  
6. The quality of the home care you received was:
  1. Poor
  2. Good
  3. Excellent

7. **Would you recommend this home care agency to your best friend or close family member under all circumstances?**
  1. **Yes**
  2. **No**
  
8. **Are you / Were you satisfied with the home care you received?**
  1. **Yes**
  2. **No**

**Thank you again for your participation in this survey. Your responses will assist the agency in our efforts to improve the quality of care for all patients.**

**Comments:**