



Shirley & Naomi Private Homecare Services, LLC

QUARTERLY QUALITY ASSURANCE CLIENT SATISFACTION OF AGENCY SERVICES

Please return this survey to our office to voice your honest opinion. We aim to improve and monitor the quality of services offered to our consumers and their families.

Area Of Service	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
Quality of Work						
Did the agency staff Contractor do work that was done promptly.						
Was the service/ work was done accurately.						
Did agency staff Contractor clean up after each meal prepared.						
Did staff Contractor leave everything the way it was before they arrived?						
Was the staff Contractor professional?						
Was the staff Contractor respectful in my home?						
Did staff Contractor knocked before entering, house?						
Did staff Contractor clearly explain their reasons for being at your house and what they were going to do that day?						
Did the staff Contractor explained how long it would Take?						
FRIENDLINESS OF STAFF						
Did staff Contractor introduce him/herself and say hello and explained what they were there for?						
When you requested specific tasks or services were they handled by staff Contractor with a positive attitude?						
Did agency staff Contractor arrive on time?						
Did staff Contractor communicate clearly and professionally?						

Additional Comments: _____

Client name (optional): _____ Date: _____



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Summary Comments:

What, if anything, would you have improved on the service?

What other types of services do you feel should be made available?

Is there anything else you would like to comment on or suggest?

Client Signature: _____

Date: _____