**Form# 620.F**

**CLIENT SATISFACTION QUESTIONNAIRE**

Expert Care Solutions would appreciate you taking the time to complete this *Client Satisfaction Questionnaire*, as your opinions will help us to meet your expectations concerning the quality of our service.

(Note: Provision of identification information is optional.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick “Yes” or “No” for the following questions. Please explain your reason(s) for “No” responses in the “Comments” section at the end of the questionnaire.

| **No.** | **Question** | **Yes** | **No** |
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|  | **Organization & Administration** |  |  |
| 1. | Did you find us easy to contact? |  |  |
| 2. | Do you feel we responded in a timely manner? |  |  |
| 3. | Did we give you information on the following:   * Brochure/other documentation about our services * *Service Agreement* * Rights & Responsibilities * Contact details & numbers within normal office hours * Contact details & numbers outside normal office hours * How to make a complaint, including who to contact |  |  |
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| 4. | Were you introduced to, or made aware of Expert Care Solutions’ direct staff ? |  |  |
| 5. | Do you feel your needs/wants are being met & are being provided, in accordance with what was agreed upon? |  |  |
|  | **Service Delivery** |  |  |
| 6. | Was a personal *Individual Service Plan* developed & implemented? |  |  |
| 7. | Were you/your representative involved in developing the Individual Service Plan? |  |  |
| 8. | Do you feel you are cared for in a comfortable & nondiscriminatory way? |  |  |
| 9. | How many Residential Care staff are usually involved in your care? |  |  |
| 10. | Does your Residential Care staff (s) show up for work on time? |  |  |
| 11. | Does your Residential Care staff (s) stay for the specified time? |  |  |
| 12. | Does your Residential Care staff (s) assist you with your medication? If “Yes”, give specific details. |  |  |
| 13. | Does the House Manager occasionally meet with you? |  |  |
| 14. | Are you notified in advance if your Residential Care staff is going to be changed? |  |  |
| 15. | Is there anything that concerns you about your Residential Care staff (s)? |  |  |
| 16. | Were you advised who would be supervising your Residential Care staff (s)? |  |  |
| 17. | Are you notified in advance if your regular services have to be rescheduled? |  |  |
| 18. | Were you advised who you/your representative/family may contact should you wish to speak to someone other than your Residential Care staff (s)? |  |  |
| 19. | Is your normal daily routine followed as much as possible within the provision of personal care such as getting up, meal times & bathing arrangements? |  |  |
| 21. | Do you find us to be:   * friendly * considerate * polite * respectful * honest * believable * prompt * dependable * efficient * approachable |  |  |
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|  | **Financial Matters** |  |  |
| 22. | Do Residential Care staff s shop and/or handle money for you? |  |  |
| 23. | If Residential Care staff (s) shop and/or handle money for you, do they always return the change and receipt(s)? |  |  |
| 24. | If Residential Care staff (s) return change and receipts to you, do you both sign the *Financial Transactions Record?* |  |  |
|  | **Evaluation** |  |  |
| 25. | Do you feel we have the required knowledge & skills to deliver service? |  |  |
| 26. | Is there anything you don’t like about our service? |  |  |
| 27. | Have you any suggestions for ways we can improve our service? |  |  |
| 28. | Would you recommend us to others? |  |  |
| 29. | How would you rate the overall quality of service you receive?  Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent \_\_\_ | | |
| 30. | How would you rate the Residential Care staff (s) treatment of you?  Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent \_\_\_ | | |
| 31. | How do you view the quality of service to its cost?  Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent \_\_\_ | | |

Comments

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