

# ADMIRE CARE

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## Satisfaction Survey

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

Client Name: \_\_\_\_\_

Services Received \_\_\_\_\_ Start of Care: \_\_\_\_\_

Please rate the following areas as appropriate: Excellent Good Fair Poor

Satisfaction of services: \_\_\_\_\_

Worker: \_\_\_\_\_ Punctuality: \_\_\_\_\_

Do you know when your caregiver will come? \_\_\_\_\_

Does your worker ever miss visits? \_\_\_\_\_

Staff response to concerns: \_\_\_\_\_

Do you have a copy of your folder and plan of care? \_\_\_\_\_

Is the plan of care followed? \_\_\_\_\_

Are changes needed in your plan of care? \_\_\_\_\_

Do you have a document of agreement that shows services, rates and methods of payment? \_\_\_\_\_; Documentation of Client rights? \_\_\_\_\_

Do you know the phone number to call to report abuse, neglect or exploitation? \_\_\_\_\_  
Do you know the Complaint Hot line? \_\_\_\_\_

Do you know how to reach the Nurse Registry at all times? \_\_\_\_\_

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

Representative Signature \_\_\_\_\_