

# Client Satisfaction Survey

## SERVICES

*I'm going to ask you several questions about how satisfied you are with the services you receive. You can answer: Very Satisfied, Satisfied, Neither Satisfied nor Dissatisfied, Dissatisfied, or Very Dissatisfied. You can also tell me if you really don't know.*

1. How satisfied are you with **how often** services are provided?  
a. Very Satisfied      b. Satisfied      c. Neither Satisfied nor Dissatisfied      d. Dissatisfied      e. Very Dissatisfied
2. How satisfied are you with the **length** of the service visits?  
a. Very Satisfied      b. Satisfied      c. Neither Satisfied nor Dissatisfied      d. Dissatisfied      e. Very Dissatisfied
3. How satisfied are you with the **time of day** that services are provided?  
a. Very Satisfied      b. Satisfied      c. Neither Satisfied nor Dissatisfied      d. Dissatisfied      e. Very Dissatisfied
4. How satisfied are you with the **day(s)** of the week services are provided?  
a. Very Satisfied      b. Satisfied      c. Neither Satisfied nor Dissatisfied      d. Dissatisfied      e. Very Dissatisfied
5. Overall, how satisfied are you with the **quality** of the services you have received?  
a. Very Satisfied      b. Satisfied      c. Neither Satisfied nor Dissatisfied      d. Dissatisfied      e. Very Dissatisfied

## WORKERS

*Next, I'm going to ask you several questions about how satisfied you are with the workers who come to help you. Again, you can answer: Very Satisfied, Satisfied, Neither Satisfied nor Dissatisfied, Dissatisfied, or Very Dissatisfied. You can also tell me if you really don't know.*

6. How satisfied are you that your worker(s) has (have) the **knowledge and skills** needed to help you?  
a. Very Satisfied      b. Satisfied      c. Neither Satisfied nor Dissatisfied      d. Dissatisfied      e. Very Dissatisfied
7. How satisfied are you with the way your worker(s) **treat you**?  
a. Very Satisfied      b. Satisfied      c. Neither Satisfied nor Dissatisfied      d. Dissatisfied      e. Very Dissatisfied
8. How satisfied are you with the way you and your worker(s) **communicate**?  
a. Very Satisfied      b. Satisfied      c. Neither Satisfied nor Dissatisfied      d. Dissatisfied      e. Very Dissatisfied
9. Do(es) your worker(s) **usually arrive at the scheduled time**?  
a. Yes      b. No      c. I don't know when to expect them
10. Can you usually expect the **same person (people)** to come help?  
a. Yes      b. No      c. Don't Know      (d. Refused)      (e. Not Applicable)

## SERVICE IMPACT

*The last set of questions focuses on the effect or impact these services have on your life.*

11. Overall, would you say that the services you receive **meet your needs**?

- a. Yes   b. to some extent   c. No   d. Don't Know   *(d. Refused)*   *(e. Not Applicable)*

12. Do these services help you to **maintain or improve** your quality of life?

- a. Yes   b. to some extent   c. No   d. Don't Know   *(d. Refused)*   *(e. Not Applicable)*

13. Do these services help you **to stay in your home**? *(If at an ALF ask: Do these services help you to avoid moving into a nursing home?)* Would you say:

- a. Yes   b. to some extent   c. No   d. Don't Know   *(d. Refused)*   *(e. Not Applicable)*

14. **Overall**, how satisfied are you with the services you receive?

- a. Very Satisfied   b. Satisfied   c. Neither Satisfied nor Dissatisfied   d. Dissatisfied   e. Very Dissatisfied

## **COMMENTS**

*That's the end of our questions.*

15. Is there **anything else** you would like us to know about the services you receive?

**I want to thank you for participating in the survey.  
Your feedback is important to the Department of Elder Affairs.  
I hope you have a great day.**