

# Personal Caregiving Services Customer Satisfaction Survey

1.

## 1. How did you first hear about Personal Caregiving Services?

- Friend       Another client       Health Care       Advertisement       Web site       Internet Search

Professional; doctor,  
case manager, nurse

Other (please specify)

## \*2. How long has Personal Caregiving Services been providing care for your family member?

- 1 to 6 months       1 to 2 years  
 6 months to 1 year       More than 2 years

## 3. Who was the caregiver hired for?

- Mother       Father       Husband       Wife

Other (please specify)

## \*4. How do you value Personal Caregiving Services?

	Extremely Important	Very Important	Important	Not So Important
The owner's personal involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The owner's responsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The care giver(s) quality, training and competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The care giver's trust and dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The relationship between my family member and the care giver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The care giver's compassion and respectful attitude for me and my family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 5. Have you taken advantage of the care management services included with the caregiving services?

- Yes       No       Wasn't aware of this value added service

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## 6. Satisfaction with care giving/companion services

	Exceeded my expectations	Met my expectations	Failed to meet my expectations	
I believe the care giver or companion's skills are/were well matched with my family member's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overall satisfied with the service provided by Personal Caregiving Services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 7. Would you recommend Personal Caregiving Services to others?

- Very likely
- Most likely
- Not sure
- No

If you answered "not sure" or "no", please share why

## 8. What is the most important reason that you will continue using Personal Caregiving Services or if no longer using the services, why you might recommend Personal Caregiving Services to others?

## 9. What advice or comments could you offer to improve upon the services offered by Personal Caregiving Services?

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## 10. Providing your contact information is voluntary.

<b>Name:</b>	<input type="text"/>
<b>Company:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
<b>Address 2:</b>	<input type="text"/>
<b>City/Town:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/>
<b>ZIP:</b>	<input type="text"/>
<b>Country:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>