



Daily Living Personal Care
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How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. Daily Living Personal Care welcomes your feedback and your answers will be kept confidential. Thank you for your participation. Please skip areas that are not applicable to your care needs.

General Patient Information

In general, what is the quality of your health?

- Outstanding Good Some chronic issues Poor

How would you rate our concern for your privacy?

- Outstanding Good Adequate
 Needs improvement Poor N/A

How often have you made use of Daily Living Personal Care within the past year?

- First Visit 2-5 Visits More than 6

Scheduling Your Appointment

Did you schedule an appointment by phone or email?

- Scheduled by phone E-mail

How easy was it to make an appointment by telephone?

- Outstanding Very difficult

How long did you wait to speak to a scheduling staff member?

- 0 to 2 minutes 3 to 5 minutes 5 to 7 minutes Longer

Was the person who scheduled your appointment courteous and helpful?

- Very courteous Rude

If you scheduled an appointment, was your appointment date later than you expected?

- Yes | No

If you were seeking a referral to a specialist, was your request handled in a timely manner?

Yes | No

Day of Your Appointment

How would you rate the courtesy of the staff on the phone?

Very courteous Rude

How long did you wait for a reply by phone or email to schedule an appointment time?

0 to 1 day 1 to 2 days 2 to 3 days Other _____

Did you have to wait long for the client consultation before the consultant arrived?

On time Early by 10 minutes Late minutes _____ Other _____

Which service type were you making an appointment for?

Personal Care Recreation Companion Housekeeping
 Companion Respite/Overnight Special Needs Babysitter

The Care Aids/Caregivers/Nursing Staff

How would you rate the competence of the employee who helped you?

Outstanding Good Adequate
 Needs improvement Poor N/A

How would characterize the concern that the employee showed for your problem?

Outstanding Good Adequate
 Needs improvement Poor N/A

Did the employee respond to your requests within a reasonable period?

Yes | No

The Management

Were you able to meet the proprietor or HR manager?

Yes | No | N/A

Did you feel that the proprietor or HR manager spent an adequate amount of time with you?

Yes | No | N/A

Mark the boxes that characterize the demeanor of the manager who visited you:

Attentive Concerned Friendly Informative
 Polite Distracted Rushed Inconsiderate

How would you rate the competence of the management that visited?

- Outstanding Good Adequate
 Needs improvement Poor N/A

Did you feel that your visit was thorough and answered your questions and concerns?

- Yes | No | N/A

Please rate the clarity of the manager's explanation of your care needs and care plan options:

- Outstanding Good Adequate
 Needs improvement Poor N/A

How well did the manager explain the care plan options to you?

- Outstanding Good Adequate
 Needs improvement Poor N/A

Were your questions answered to your satisfaction?

- Yes | No | N/A

Would you recommend this company and its staff to your family and friends?

- Yes | No | N/A

Additional Feedback

Please list any areas in which our service could be improved.

Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name	Last Name	Gender	Age
Address	City	State	ZIP Code
Email	Phone		

Would you like someone to contact you regarding your responses on this survey?

Yes | No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.