WEBSTER HOME CARE
KEEPING YOU HAPPY AT HOME

Client Satisfaction Survey 2023

Client Name (optional): _____ Date: _____

We are privileged to participate in providing services for your needs. We are interested in rendering quality to our clients and would appreciate your input by answering the following questions. Your evaluation will allow us to be more responsive to future client needs.

1. Are you satisfied with the care that you receive? ☐ Yes ☐ No

2. Overall, how satisfied are you with your Caregiver? ☐ Very ☐ Satisfied ☐ Not Satisfied

3. Do you feel that Webster Home Care Staff are available to answer any questions? ☐ Yes ☐ No

4. Did you receive contact information for the Webster Home Care Compliance Officer? The Compliance Officer can assist you if you are dissatisfied with the services provided. ☐ Yes ☐ No

5. Does staff visit/call as frequently as they said they would? ☐ Yes ☐ No

7. Does staff visit/call at a mutually agreeable time? ☐ Yes ☐ No

8. Would you recommend Webster Home Care to others? ☐ Yes ☐ No

Suggestions for improvement: _____

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Thank you, we appreciate your time and effort in filling out this survey. Please be assured that this survey is completely confidential. Management is always available to hear your concerns and/or comments.