

Diamond Home Health Care, Inc.

Thank you for allowing Diamond Home Health Care, Inc. to provide home health services to you. We constantly strive to improve the services we provide, and our patients and their families are the best source of information to help us in this process. Below are a few of questions about your recent home care service. Please answer each question by marking the box that best indicates your opinion. If the patient cannot complete the survey, a family member may do so for him or her. Your answers will help us improve our services, and we thank you for your comments. Enclosed is a self address stamped envelope for your convenience in returning the completed survey.

Please check the appropriate box

		Yes	No	Somewhat
1.	Did Diamond Home Health Care staff clearly explain the care and procedures they were giving you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did you know you could contact a Diamond Home Health Care nurse at night and/or on the weekends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If you had any complaints or concerns about your home health care were they resolved to your satisfaction? (If no, please describe on the back of this form)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did you benefit from the services provided by Diamond Home Health Care?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did the Diamond Home Health Care staff prepare you and your family on how to manage your care after discharge?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Was the Diamond Home Health Care staff knowledgeable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Was the Diamond Home Health Care staff professional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Would you recommend Diamond Home Health Care to family and friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What impressed you most about the home care we provided?

How quickly therapy was approved and how quickly therapy began ~~was~~. Sam was wonderful set up pulleys to dexas for in home exercising

How could we improve our services?

None

Optional:

Name: _____

Date: 12-28-10