



# PATIENT PERCEPTION SURVEY

499 10th Street  
 Floresville, TX 78114  
 Ph: 830-393-1540  
 Fax: 830-393-1550

You have recently received services from **Connally Memorial Home Health**. We want to ensure that we have met your needs and provided quality care. You can help us by rating our service by responding to the following questions. Please complete this form so we can meet your needs in the future or correct any problem that may exist. We take great pride in providing the highest quality of healthcare services and we appreciate your input.

Please mail this form back in the enclosed envelope. Thank you for helping us improve our services to better serve you and our community.

Questions	Excellent	Good	Average	Fair	Poor
1. Did our nurse provide courteous service?	5	4	3	2	1
2. Did our therapist provide courteous service?	5	4	3	2	1
3. Did our aide provide courteous service?	5	4	3	2	1
4. Did the staff explain the care being provided to you?	5	4	3	2	1
5. Do you feel staff members have met your needs?	5	4	3	2	1
6. Was the staff responsive to your pain and attempt to keep it at an acceptable level?	5	4	3	2	1
7. Were you told when service had changed or was going to end?	5	4	3	2	1
8. Your overall rating of the agency?	5	4	3	2	1
9. Would you recommend this agency to a friend or relative? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Name of physician referring you for services: _____					
11. Would you allow us to share your survey results with your physician? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. If you do elect to complete this form, would you allow us to call you to clarify any questions? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Please note: Your comments may be used anonymously for promotional materials.**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your cooperation in completing this form.

\_\_\_\_\_/\_\_\_\_\_/20  
 Patient's Name Date