



QUALITY OF CARE SURVEY

Farmington
(309) 245-0723

Peoria
(309) 691-1371

We value your opinion as an employee. Please help us to maintain or improve the quality of care that we provide to each of our clients by completing the survey questions below. The information we obtain from this survey will be used only to evaluate and improve the service we are providing. For each item identified below, circle the number to the right that best fits your judgment of its quality, written comments encouraged on the back.

Description/Identification of Survey Item	1 = Poor 5 = Excellent				
	1	2	3	4	5
1. How helpful and dependable would your co-workers say you are?	1	2	3	4	5
2. How skilled or knowledgeable do you feel our staff is concerning the care we are providing?	1	2	3	4	5
3. How well does our staff explain the care that you will be providing?	1	2	3	4	5
4. How respectful, courteous, and polite is our staff towards residents of this facility?	1	2	3	4	5
5. When you have contact with individuals who are not clients do you treat them with respect and in a professional manner?	1	2	3	4	5
6. How professional is your appearance?	1	2	3	4	5
7. How professional would the residents perceive your appearance to be?	1	2	3	4	5
8. How would you rank your relationship with the facility staff, both management and workers?	1	2	3	4	5
9. How supportive is the SRHHS staff outside this facility?	1	2	3	4	5
10. How do you feel about recommending our services to your family, and friends?	1	2	3	4	5

Please provide written responses to the following questions:

- 1) How could we improve the quality of services we are providing?

- 2) What do you like the most about working for Spoon River Home Health Services?

(Please read the back of this document)

