

**AMSTERDAM ADULT DAY HEALTH CARE PROGRAM
FAMILY/FRIEND SATISFACTION SURVEY**

**PLEASE INDICATE OVERALL
SATISFACTION OF THE FOLLOWING**

		VERY SATISFIED	SATISFIED	DIS- SATISFIED	N/A
NURSE					
	COMMUNICATION				
	FOLLOW-UP				
	CARE PROVIDED				
DIETARY					
	MEALS OFFERED				
	DIET PROVIDED				
RECREATION					
	PROGRAMS OFFERED				
	NOTIFICATION OF EVENTS				
SOCIAL WORK/CASE MANAGER					
	COMMUNICATION				
	FOLLOW UP				
	ASSITANCE OFFERED				
TRANSPORTATION					
	TIMELINESS				
	COURTESY				
	CLEANLINESS OF VAN				
	MEDICAL APPOINTMENTS				
OVERALL VIEW OF STAFF					
	RESPECTFUL				
	COURTEOUS				
	PROFESSIONAL				
	RESPONSIVE				
	QUALITY OF SERVICE				
FAMILY COUNCIL					
	FREQUENCY OF MEETINGS				
	TIME OF MEETINGS				
	TOPICS COVERED				
	EDUCATION SERIES				
INVOLVEMENT IN CARE PLAN					

			VERY	SATISFIED	DIS-	N/A	
			SATISFIED		SATISFIED		
OVERAL SATISFACTION WITH							
AMSTERDAM ADULT DAY							
HEALTH CARE PROGRAM							

WOULD YOU REFER A FAMILY MEMBER OR FRIEND TO THIS PROGRAM
 _____ YES _____ NO

COMMENTS: _____

 NAME (OPTIONAL)