

# “The Voice of the Customer”



*Safe at Home*  
Health Care

[www.SafeAtHomeHealthcare.com](http://www.SafeAtHomeHealthcare.com)

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope. I will mail you a special gift once I get the survey.

Where were you staying when the initial arrangements for home care services were made.

- ☒ Home  
☐ Hospital  
☐ Nursing Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor				Very Good	
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	5	
1. How well the initial plan of care met your needs.	—	—	—	—	<u>5</u>	X very good
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	<u>5</u>	X Very good

Comments:

We needed 24 hour health care as soon as my dad left the hospital. We gave safe@home very little notice, but they took care of us.

**Dealing with Home Care Office:**

1. Helpfulness of the person who answered your phone call.	—	—	—	—	<u>5</u>	X very good
2. How well the office dealt with your problems and complaints.	—	<u>N/A</u>	—	—	—	
3. How well billing and cost questions were handled.	—	—	—	—	<u>5</u>	X very good

**Why did you decide to Hire us?**

Highly recommended from Donna @ VNA FOX Valley

**Can you list the three biggest concerns you had BEFORE you hired us?**

With any health care provider at home, we wanted to make sure:

- ① Dad was well taken care of.
- ② We would feel comfortable with the worker in our home
- ③ Price

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	<u>X</u>
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	<u>X</u>
3. Technical Skill of the Caregiver	—	—	—	—	<u>X</u>
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	<u>X</u>
5. Overall rating of your caregiver	—	—	—	—	<u>X</u>

Comments: Al was our Angel!

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

We would not hesitate to recommend  
this company to anyone!

**May we use your comments for promotional purposes?** X YES    NO

Maureen K. Jacobs wife of J. Landis (daughter)  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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☒ Home

SON'S HOME

☐ Hospital

☐ Nursing Home

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	Very Poor				Very Good
In Arranging Your Home Health Care:	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	✓
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	✓

Comments:

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## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	✓
2. How well the office dealt with your problems and complaints.	—	—	—	—	—
3. How well billing and cost questions were handled.	—	—	—	—	—

## Why did you decide to Hire us?

We were impressed with your professionalism

Can you list the three biggest concerns you had BEFORE you hired us?

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**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: Pearle was excellent

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**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

We would definitely tell them to use your agency.

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**May we use your comments for promotional purposes?** X YES \_\_\_\_ NO

Bw Haymond  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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	Very Poor				Very Good
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	5
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	5

Comments:

## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	5
2. How well the office dealt with your problems and complaints.	—	—	—	4	—
3. How well billing and cost questions were handled.	—	—	—	4	—

## Why did you decide to Hire us?

Previous Contract

## Can you list the three biggest concerns you had BEFORE you hired us?

- effectiveness of a limited time <sup>frame</sup> before leaving hospital
- how well 24 hr service would meet needs as well as Carmelite Carefree Village.
- Needs of mom - hard to communicate & dementia

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	X 5
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	5
3. Technical Skill of the Caregiver	—	—	—	—	5
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	5
5. Overall rating of your caregiver	—	—	—	—	5

Comments: Jane has truly been an angel. is disgenise

**If you were going tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

Highly rated agency. Good in all  
aspects.

May we use your comments for promotional purposes? X YES    NO

Mary Jo Hall  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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- ☐ Home  
☐ Hospital  
☒ Nursing Home

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	Very Poor				Very Good
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	—
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	5

Comments:

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## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call. — — — 4 ~~5~~
2. How well the office dealt with your problems and complaints. — *haven't had any to this point* — — —
3. How well billing and cost questions were handled. — — — — —

## Why did you decide to Hire us?

*We have used safe at home in the past*

## Can you list the three biggest concerns you had BEFORE you hired us?

*Safety - his privacy + mental health status*



**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	<u>4</u>	—
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	<u>5</u>
3. Technical Skill of the Caregiver	—	—	—	—	<u>5</u>
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	<u>3</u>	—	—
5. Overall rating of your caregiver	—	—	—	<u>4</u>	—

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

**If you were going tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

That we have been pleased with Kurt - his agency  
and the caregivers  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**May we use your comments for promotional purposes? ☒ YES ☐ NO**

Carol Sluis  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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Where were you staying when the initial arrangements for home care services were made.

☐ Home

☐ Hospital

☒ Nursing Home *Assisted Living*

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	Very Poor			Very Good		
In Arranging Your Home Health Care:	1	2	3	4	5	
1. How well the initial plan of care met your needs.	___	___	___	___	___	✓
2. Helpfulness of the person who helped with the arrangements of your service.	___	___	___	___	___	✓

Comments:

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## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	___	___	___	___	___	✓
2. How well the office dealt with your <u>problems</u> and complaints.	___	___	___	___	___	✓ <del>7/10</del>
3. How well billing and cost questions were handled.	___	___	___	___	___	✓

Why did you decide to Hire us?

*Recommended by a Place for Mom - Jenny*

Can you list the three biggest concerns you had BEFORE you hired us?

*Fear of returning Mom to Tillers; Cost*

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: Wonderful, Kind, Compassionate person

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

Do it!

I appreciate you, Kurt, checking in frequently.

May we use your comments for promotional or reference purposes? ☒ YES

☐ NO

Laurie Ann Curtin  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

☐ Home

☐ Hospital

☒ Nursing Home (CARMELITE CAREFREE VILLAGE)

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	Very Poor				Very Good
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1. How well the initial plan of care met your needs.	—	—	—	—	—
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	5

Comments:

KURT WAS EXCELLENT! FOLLOWED THROUGH ON ALL MATTERS. CONTINUES TO CHECK IN.

**Dealing with Home Care Office:**

1. Helpfulness of the person who answered your phone call.	—	—	—	—	5
2. How well the office dealt with your problems and complaints.	—	—	—	—	5
3. How well billing and cost questions were handled.	—	—	—	—	5

**Why did you decide to Hire us?**

REFERRAL FROM CARMELITE

**Can you list the three biggest concerns you had BEFORE you hired us?**

ABILITY OF CAREGIVER.  
HOW CAREGIVER WOULD INTERACT WITH PATIENTS  
EXPENSES



**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	(5)
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	(5)
3. Technical Skill of the Caregiver	—	—	—	—	(5)
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	(5)
5. Overall rating of your caregiver	—	—	—	—	(5 +)

Comments: MONA HAS BEEN EXCELLENT !!

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

EXCELLENT COMPANY. HIGHLY RECOMMEND

May we use your comments for promotional or reference purposes? ☒ YES  
☐ NO

Brad A. Luecke  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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	Very Poor			Very Good		
In Arranging Your Home Health Care:	1	2	3	4	5	
1. How well the initial plan of care met your needs.	—	—	—	—	<input checked="" type="checkbox"/>	
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	<input checked="" type="checkbox"/>	

Comments:

I LIVE 300 MILES AWAY & THIS WAS DONE OVER THE PHONE FOR MY AUNT. BOTH OF US ARE MOST SATISFIED.

## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	<input checked="" type="checkbox"/>	
2. How well the office dealt with your problems and complaints.	—	—	—	—	—	N/A
3. How well billing and cost questions were handled.	—	—	—	—	<input checked="" type="checkbox"/>	

Why did you decide to Hire us?

SUGGESTION BY NURSE AT CNS HOME HEALTH & HOSPICE.

Can you list the three biggest concerns you had BEFORE you hired us?

GETTING THE BEST CARE AT THE BEST RATE.

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

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

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

I WOULD HIGHLY RECOMMEND YOUR AGENCY BASED ON THE QUALITY OF THE CAREGIVER & THE SUPERVISOR. THEY HAD EVERYTHING SET-UP AND WORKING WITHIN 24 HOURS OF THE INITIAL PHONE CALL

May we use your comments for promotional purposes? ☒ YES ☐ NO

Ronald Silva for BERTHA MENGETOTH  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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☐ Nursing Home

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- |  | Very Poor |   |   |   | Very Good |
|--|-----------|---|---|---|-----------|
| <b>In Arranging Your Home Health Care:</b>                                     | 1         | 2 | 3 | 4 | 5         |
| 1. How well the initial plan of care met your needs.                           | —         | — | — | — | ✓         |
| 2. Helpfulness of the person who helped with the arrangements of your service. | —         | — | — | — | ✓         |

Comments: Kurt was wonderful in explaining everything, and providing incredible response to our immediate needs with very short notice on our part.

## Dealing with Home Care Office:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Helpfulness of the person who answered your phone call.      | — | — | — | — | ✓ |
| 2. How well the office dealt with your problems and complaints. | — | — | — | — | ✓ |
| 3. How well billing and cost questions were handled.            | — | — | — | — | ✓ |

## Why did you decide to Hire us?

Kurt's engaging and sincere personality set all of our minds at ease with this very big decision.

## Can you list the three biggest concerns you had BEFORE you hired us?

We had no knowledge of how this service would work for us.  
My Mom had a terminal illness that was rapidly getting worse.  
We needed assistance for my Dad.



**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓ <u>Excellent</u>
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: PEARLA was incredible. We could not have made it through this very difficult time of our lives without her outstanding assistance.

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

I give your organization my highest recommendation. Everything promised was delivered. This is an agency that provides excellent care with people that have genuine concern for the well being of their clients.

**May we use your comments for promotional or reference purposes?** ☒ **YES**

☐ **NO**

 David Straub  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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- ☒ Home  
☐ Hospital  
☐ Nursing Home

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	Very Poor				Very Good
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	—
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	5

Comments:

## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	5
2. How well the office dealt with your problems and complaints.	—	—	—	—	5
3. How well billing and cost questions were handled.	—	—	—	—	5

Why did you decide to Hire us?

*recommended*

Can you list the three biggest concerns you had BEFORE you hired us?

*safety, competence*

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

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

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Couldn't do better than Safe@Home  
Healthcare  
I told the person we were from Virginia and  
Virginia - they made me feel very comfortable*

**May we use your comments for promotional purposes?** ☒ **YES** ☐ **NO**

*Angela Hesse*  
\_\_\_\_\_  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

# Home Health Care Survey

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☐ Home

☐ Hospital

☒ Nursing Home REHAB. @ TILLER'S

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	Very Poor				Very Good
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	✓
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	✓

Comments:

---

---

## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	✓
2. How well the office dealt with your problems and complaints.	—	—	—	—	✓
3. How well billing and cost questions were handled.	—	—	—	✓	—

Why did you decide to Hire us?

GOOD REFERENCES!

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Can you list the three biggest concerns you had BEFORE you hired us?

SECURITY, "HOVERING", COSTS

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**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	—
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	✓	—
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

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

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

— CULTURE & LANGUAGE BARRIERS AT TIMES  
— GO AHEAD & TRY THEM!  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**May we use your comments for promotional purposes?** ☒ YES ☐ NO

*Carol Syllan for James W. Wyllie & Virginia Wyllie*  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

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☐ Hospital  
☐ Nursing Home

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- |  | Very Poor |   |   |   | Very Good |
|--|-----------|---|---|---|-----------|
| In Arranging Your Home Health Care:  | 1         | 2 | 3 | 4 | 5         |
| 1. How well the initial plan of care met your needs.                           | —         | — | — | — | X         |
| 2. Helpfulness of the person who helped with the arrangements of your service. | —         | — | — | — | X         |

Comments:

*Kurt + Manuel came out to the house + he (Kurt) has been available by phone anytime.*

Dealing with Home Care Office:

- |   |   |   |   |   |                           |
|---|---|---|---|---|---------------------------|
| 1. Helpfulness of the person who answered your phone call.      | — | — | — | — | X                         |
| 2. How well the office dealt with your problems and complaints. | — | — | — | — | NA <sup>no</sup> problems |
| 3. How well billing and cost questions were handled.            | — | — | — | — | X                         |

Why did you decide to Hire us?

*I know Kurt + after speaking to him I felt confident using you.*

Can you list the three biggest concerns you had BEFORE you hired us?

*That I had to always be there for Dad to be home.  
That I knew I had to find help + couldn't find someone reliable + kind(?)  
That "come + go" help was not working out.*

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: My dad does not like filling out forms so I am doing it for him - his comment is "just give him an A+ - his good!"

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

That I know Kurt through my work & that our own experience has been very good!

**May we use your comments for promotional purposes?** ☒ YES ☐ NO

E. Ann G. Amerson  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

Thanks, Kurt!  
Having Manuel at the house has been a real life saver!  
Barb



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- ☒ Home  
☐ Hospital  
☐ Nursing Home

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	Very Poor				Very Good
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	X
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	X

Comments:

## Dealing with Home Care Office:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Helpfulness of the person who answered your phone call.      | — | — | — | — | X |
| 2. How well the office dealt with your problems and complaints. | — | — | — | — | X |
| 3. How well billing and cost questions were handled.            | — | — | — | — | X |

Why did you decide to Hire us?

Recommended by Hospice Nurse

Can you list the three biggest concerns you had BEFORE you hired us?

quality of care provided  
compassion of staff towards mm  
professionalism of staff providing care



Home Care Aide/Caregiver:

Dorothy : Jenny

Very Poor

Very Good

1. Friendliness of the caregiver
2. Caregivers concern for the comfort while treating or caring for your loved one.
3. Technical Skill of the Caregiver
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.
5. Overall rating of your caregiver

— — — — —  
— — — — —  
— — — — —  
— — — — —  
— — — — —

Comments:

Outstanding Care provided to mom. Gave us great peace of mind knowing she was properly cared for.

Why did you choose Safe@Home Healthcare? Can you share your thoughts and experiences with our service so we can share it with others just like you?

Recommended by Hospice Nurse. We are so happy with the care Mom is receiving. Relieved a great deal of stress we were experiencing trying to find the right care for her. Thank you so much for such a great agency & the professionalism of your caregiver staff.

May we use your comments for promotional or reference purposes? ☒ YES  
☐ NO

Ramon Bosmer & David Kouy

(Signature, please)

Mom: Mary Boualuh

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

- ☒ Home  
☐ Hospital  
☐ Nursing Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor			Very Good		
In Arranging Your Home Health Care:	1	2	3	4	5	
1. How well the initial plan of care met your needs.	—	—	—	—	5	
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	5	

Comments:

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## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	5
2. How well the office dealt with your problems and complaints.	—	—	—	—	5
3. How well billing and cost questions were handled.	—	—	—	—	5

Why did you decide to Hire us?

*recommended by Carmichael Village*

Can you list the three biggest concerns you had BEFORE you hired us?

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**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

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

**Why did you choose Safe@Home Healthcare ? Can you share your thoughts and experiences with our service so we can share it with others just like you ?**

\_\_\_\_\_

*Recommended by Carmelite Village*

\_\_\_\_\_

*Caregiver was very sensitive to my sister's needs*

\_\_\_\_\_

\_\_\_\_\_

**May we use your comments for promotional or reference purposes?** ☒ YES  
☐ NO

*Patricia Kirk*

\_\_\_\_\_  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

- ☐ Home  
☐ Hospital  
☒ Nursing Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor			Very Good	
In Arranging Your Home Health Care:	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	✓
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	✓

Comments:

Kurt - You were great at getting someone for my mom on short notice.

## Dealing with Home Care Office:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Helpfulness of the person who answered your phone call.      | — | — | — | — | ✓ |
| 2. How well the office dealt with your problems and complaints. | — | — | — | — | ✓ |
| 3. How well billing and cost questions were handled.            | — | — | — | — | ✓ |

## Why did you decide to Hire us?

Recommended by Keri at Alden Courts - my mom needed one-on-one care.

Can you list the three biggest concerns you had BEFORE you hired us?

None



**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: I have only met 3 of the 4 caregivers,  
but they are all great and manage my  
MOM'S needs very well.

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

Great service! The caregivers are all  
great with good attitudes and show  
caring toward the patient.

Also, the owner of the agency is great  
to work with!

**May we use your comments for promotional or reference purposes?** ☒ **YES**

☐ **NO**

Alynn Richardson  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

- ☐ Home  
☐ Hospital  
☒ Nursing Home (Rehab)

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor				Very Good
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	✓
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	✓

Comments:

1. Immediate response to initial phone contact  
2. Willingness to work with our schedule

## Dealing with Home Care Office:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Helpfulness of the person who answered your phone call.      | — | — | — | — | ✓ |
| 2. How well the office dealt with your problems and complaints. | — | — | — | — | ✓ |
| 3. How well billing and cost questions were handled.            | — | — | — | — | ✓ |

## Why did you decide to Hire us?

- ① Recommended by staff at independent living facility  
② Initial first impression after speaking with Kurt

Can you list the three biggest concerns you had BEFORE you hired us?

- ① quality of care      ② availability on short notice  
③ cost/affordability

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: Erma is delightful. We have all enjoyed getting to know her and have great respect for the care, empathy and professionalism she has shown in caring for my Mother.

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

You could not make a better choice.  
Feel free to use us anytime for  
a reference.

**May we use your comments for promotional purposes? ☒ YES ☐ NO**

Maria C. Whidlock  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

☐ Home

☐ Hospital

☐ Nursing Home

☒ Retirement Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor			Very Good	
In Arranging Your Home Health Care:	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	<u>X</u>
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	<u>X</u>

Comments:

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## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	<u>X</u>
2. How well the office dealt with your problems and complaints.	—	—	—	—	<u>X</u>
3. How well billing and cost questions were handled.	—	—	—	—	—

Why did you decide to Hire us?

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Can you list the three biggest concerns you had BEFORE you hired us?

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**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	X
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	X
3. Technical Skill of the Caregiver	—	—	—	—	X
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	X
5. Overall rating of your caregiver	—	—	—	—	X

Comments: Tita has been wonderful

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**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

If all your people are as good as Tita, I'd say they could not do better

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**May we use your comments for promotional or reference purposes?** X YES  
NO

Elinor Ann Halpin  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

- ☐ Home  
☒ Hospital  
☐ Nursing Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor				Very Good
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	5
1. How well the initial plan of care met your needs.	___	___	___	___	<input checked="" type="checkbox"/>
2. Helpfulness of the person who helped with the arrangements of your service.	___	___	___	___	<input checked="" type="checkbox"/>

Comments:

---

---

## Dealing with Home Care Office:

- |   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| 1. Helpfulness of the person who answered your phone call.      | ___ | ___ | ___ | ___ | ___ |
| 2. How well the office dealt with your problems and complaints. | ___ | ___ | ___ | ___ | ___ |
| 3. How well billing and cost questions were handled.            | ___ | ___ | ___ | ___ | ___ |

Why did you decide to Hire us?

*Inferred from Vitas Hospice nurse  
Quick to respond*

Can you list the three biggest concerns you had BEFORE you hired us?

*Who could trust to give personal care  
How caring will they be.  
What expenses will be incurred.*

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	✓	—
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

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

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

*Excellent caring manager (Kurt)*  
*and caregivers (Agnes & Remmy)*

May we use your comments for promotional or reference purposes? ☒ YES  
☐ NO

*Susan Bradault Jr*  
(Signature, please) *Herbetta Petraitis*

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

- ☐ Home  
☐ Hospital  
☒ Nursing Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

- |  | Very Poor | 1 | 2 | 3 | 4 | Very Good | 5                                   |
|--|-----------|---|---|---|---|-----------|-------------------------------------|
| <b>In Arranging Your Home Health Care:</b>                                     |           |   |   |   |   |           |                                     |
| 1. How well the initial plan of care met your needs.                           |           |   |   |   |   |           | <input checked="" type="checkbox"/> |
| 2. Helpfulness of the person who helped with the arrangements of your service. |           |   |   |   |   |           | <input checked="" type="checkbox"/> |

Comments:

## Dealing with Home Care Office:

- |   |  |  |  |  |  |  |                                     |
|---|--|--|--|--|--|--|-------------------------------------|
| 1. Helpfulness of the person who answered your phone call.      |  |  |  |  |  |  | <input checked="" type="checkbox"/> |
| 2. How well the office dealt with your problems and complaints. |  |  |  |  |  |  | <input checked="" type="checkbox"/> |
| 3. How well billing and cost questions were handled.            |  |  |  |  |  |  | <input checked="" type="checkbox"/> |

Why did you decide to Hire us?

*Kurt was very helpful.*

Can you list the three biggest concerns you had BEFORE you hired us?

*1) cost*



Home Care Aide/Caregiver: *Grina*

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: *Grina did a great job.*

Why did you choose Safe@Home Healthcare ? Can you share your thoughts and experiences with our service so we can share it with others just like you ?

*Because Alden asked me to put a private caregiver. I will recomend safe at home. I was very happy with the service and would use you again if needed.*

May we use your comments for promotional or reference purposes? ☒ YES  
☐ NO

*Jinai Gualans*  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

- ☒ Home  
☐ Hospital  
☐ Nursing Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

- |  | Very Poor |   |   |   | Very Good                           |
|--|-----------|---|---|---|-------------------------------------|
| In Arranging Your Home Health Care:  | 1         | 2 | 3 | 4 | 5                                   |
| 1. How well the initial plan of care met your needs.                           | —         | — | — | — | <input checked="" type="checkbox"/> |
| 2. Helpfulness of the person who helped with the arrangements of your service. | —         | — | — | — | <input checked="" type="checkbox"/> |

Comments:

Even tho he was "filling in" he was very kind & very thorough. They Kurt followed up & was

Dealing with Home Care Office:

- |   |   |   |   |   |                                     |
|---|---|---|---|---|-------------------------------------|
| 1. Helpfulness of the person who answered your phone call.      | — | — | — | — | <input checked="" type="checkbox"/> |
| 2. How well the office dealt with your problems and complaints. | — | — | — | — | <input checked="" type="checkbox"/> |
| 3. How well billing and cost questions were handled.            | — | — | — | — | <input checked="" type="checkbox"/> |

Why did you decide to Hire us?

First recommended by Vitas, but sold on the person who came & the info on the website

Can you list the three biggest concerns you had BEFORE you hired us?

Consistency  
Communication  
Skill level

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	✓
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: We loved him!

**Why did you choose Safe@Home Healthcare ? Can you share your thoughts and experiences with our service so we can share it with others just like you ?**

We had a good experience with the initial visit, were pleased with the information from the website & were very happy with the first impression of Rene. Then Rene just continued to provide such good care, skillful, kind, proactive, anticipated Dad's needs. I can't say enough good

May we use your comments for promotional or reference purposes? YES

NO

Phyllis K. Stewart  
(Signature, please)

things about him.

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager



# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

☒ Home *retirement*

☐ Hospital

☐ Nursing Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor			Very Good		
In Arranging Your Home Health Care:	1	2	3	4	5	
1. How well the initial plan of care met your needs.	—	—	—	—	<input checked="" type="checkbox"/>	
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	<input checked="" type="checkbox"/>	

Comments:

*very helpfull in answering our questions and concerns*

## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.
2. How well the office dealt with your problems and complaints.
3. How well billing and cost questions were handled.

*did not have to deal with these questions as Shelia was only with us 6 days.*

Why did you decide to Hire us?

*recommendations*

Can you list the three biggest concerns you had BEFORE you hired us?

*- Somebody in her home after living by herself for 25 years*



**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	X
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	X
3. Technical Skill of the Caregiver	—	—	—	—	X
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	X
5. Overall rating of your caregiver	—	—	—	—	X

Comments: Shelia was a very caring caregiver. We feel she handled everything with good judgment.

**Why did you choose Safe@Home Healthcare ? Can you share your thoughts and experiences with our service so we can share it with others just like you ?**

This service was recommended to us by one of Santa's friends and we were not disappointed in our choice. We feel all our concerns were answered properly and with understanding.

**May we use your comments for promotional or reference purposes?** X YES  
\_\_\_\_ NO

Charlene Austin  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

Because Santa only lived 6 days after Shelia came, I feel it was such a difficult situation for her because she did not have time to become accustomed to anything or anybody — yet she handled everything well.

# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed pre-paid envelope.

Where were you staying when the initial arrangements for home care services were made.

- ☐ Home  
☐ Hospital  
☒ Nursing Home

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor				Very Good
In Arranging Your Home Health Care:	1	2	3	4	5
1. How well the initial plan of care met your needs.	—	—	—	—	X
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	X

Comments:

## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	X
2. How well the office dealt with your problems and complaints.	—	—	—	—	X
3. How well billing and cost questions were handled.	—	—	—	—	X

## Why did you decide to Hire us?

Referral by bail banger & local agency.  
Also like that we pay the agency vs. caregiver.

## Can you list the three biggest concerns you had BEFORE you hired us?

- adapting to a new in ~ transition time
- compatibility
- cost

**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	—
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	✓
3. Technical Skill of the Caregiver	—	—	—	—	✓
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	✓
5. Overall rating of your caregiver	—	—	—	—	✓

Comments: Marlon seems to be an  
excellent fit.

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

To at least call the agency!

**May we use your comments for promotional or reference purposes?** ✓ YES  
\_\_\_\_ NO

Marylene Bice  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager



# Home Health Care Survey

Safe@Home Healthcare

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope. I will mail you a special gift once I get the survey.

Where were you staying when the initial arrangements for home care services were made.

☐ Home

☐ Hospital

☒ Nursing Home (*temporarily on rehab*)

Instructions: Please rate the services you received from our agency. Check the line that best describes your experience. Space is provided for you to comment on good or bad things that may have happened to you.

	Very Poor				Very Good
<b>In Arranging Your Home Health Care:</b>	1	2	3	4	<u>5</u>
1. How well the initial plan of care met your needs.	—	—	—	—	—
2. Helpfulness of the person who helped with the arrangements of your service.	—	—	—	—	<u>5</u>

Comments:

## Dealing with Home Care Office:

1. Helpfulness of the person who answered your phone call.	—	—	—	—	<u>5</u>
2. How well the office dealt with your problems and complaints.	—	—	—	—	<u>5</u>
3. How well billing and cost questions were handled.	—	—	—	—	<u>5</u>

## Why did you decide to Hire us?

*made caregiver from a referred source. Didn't know Kurt but trusted the referral source.*

Can you list the three biggest concerns you had BEFORE you hired us?

*hiring illegal immigrants  
trusting the caregiver  
the caregiver's ability to handle my Dad.*



**Home Care Aide/Caregiver:**

	Very Poor				Very Good
1. Friendliness of the caregiver	—	—	—	—	<u>5</u>
2. Caregivers concern for the comfort while treating or caring for your loved one.	—	—	—	—	<u>5</u>
3. Technical Skill of the Caregiver	—	—	—	—	<u>5</u>
4. Caregiver's sensitivity to the personal difficulties and inconvenience caused by health challenges.	—	—	—	—	<u>5</u>
5. Overall rating of your caregiver	—	—	—	—	<u>5</u>

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

**If you were going to tell a person who was thinking about using Safe@Home Healthcare, what would you say to him or her?**

So for sure contact you  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**May we use your comments for promotional purposes?** ☒ YES ☐ NO

Marlene McInnis for Adolph McInnis as Pat.  
(Signature, please)

Thank You So Much,

Kurt Hjelle, PT  
Agency Manager

