

MFP Satisfaction Survey Questions

1. Think about the people who are paid to help you with the everyday activities (like aids who help you with dressing, bathing) and with health care (like therapists, home health care nurses). Do they spend all the time with you *that you feel you need*?
 - Yes
 - No
 - Refused/Unclear response/No response

2. Have you ever requested any special equipment or changes to your home or services that might make life easier?
 - Yes
 - No
 - Refused/Unclear response/No response

3. Did you get the equipment or services or were the changes made that you needed?
 - Yes
 - No
 - In process
 - Refused/Unclear response/No response

4. Do the people paid to help you treat you respectfully in your home?
 - Yes
 - No
 - Sometimes
 - Refused/Unclear response/No response

For the following questions, you can use any number from 0 to 10, where 0 is the lowest possible and 10 is the highest possible. (Give client the card showing 0-10)

Let's think some more about the people who are paid to help you.

5. How often do staff arrive on time and provide care according to the agreed-upon time schedule? _____ (0 "never on time/schedule;" 5 "average;" 10 "always")

6. How patient with you are the people who are paid to help you? _____ (0 "not at all patient with me;" 5 "patient enough;" 10 "extremely patient")

7. How much do the people who are paid to help you include you in making decisions about what needs to be done for you to stay as healthy as possible? _____
(0 “do not include me at all;” 5 “include me sometimes;” 10 “always include me”)
8. How satisfied are you with the help and care you receive from people who are paid to help you? _____ (0 “not at all satisfied;” 5 “satisfied;” 10 “extremely satisfied”)
9. How satisfied are you with how complaints you share, about the help and care you receive, are handled? (0 “no complains at all;” 5 “some complaints;” 10 “many complaints”)
10. What number would you use to rate how quickly the staff come when you call for help? _____ (0 “not quickly at all;” 5 “average quickness;” 10 “extremely quick”)
11. What number would you use to rate how gentle the staff are when they're helping you? _____ (0 “not gentle at all, rough;” 5 “average;” 10 “extremely gentle”)
12. What number would you use to rate how well the staff explain things in a way that is easy to understand? _____ (0 “explain very poorly, difficult to understand;” 5 “average to understand;” 10 “explains well, very easy to understand”)
13. Overall, what number would you use to rate the care you get from the staff? _____ (0 “very poor;” 5 “average;” 10 “excellent”)
14. Which number would you use to rate how happy you are with your decision to move from the facility back into the community? _____ (0 “not at all happy;” 5 “neutral, neither happy nor unhappy;” 10 “extremely happy”)
15. What number would you use to describe your independence and ability to do things for yourself since you began receiving care from this program? (0 “gotten much worse;” 5 “remained the same;” 10 “greatly improved”)

Client's Name:

Date:

Client's Signature:

Date:

ITM Signature:

Date:

