

# ICONIC HEALTHCARE SERVICES, CORPORATION

## SERVICE QUESTIONNAIRE

To continuously improve the quality of care received by our home health patients, we conduct an ongoing review of the service provided. To help us identify problem areas and/or concerns, we have developed a questionnaire survey for you to complete. Please answer all questions and document any concerns in the space provided below. An envelope has been provided for your convenience. Thank you for your participation.

	Strongly Agree	Agree	Somewhat Agree	Strongly Disagree
1. When you were discharged from the hospital or left the physician's office, did you receive adequate information regarding your home care?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When you have telephone contact with Iconic Healthcare Services Co staff, are you treated in a courteous manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When Iconic Healthcare Services Co staff (i.e., nurse, therapist, social worker) come into your home, are they dependable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you given clear instructions and education regarding your home care?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you feel that Iconic Healthcare Services Co staff is accessible to answer your questions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were your pain management issues addressed adequately?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were you treated in a respectful and supportive manner by our staff during your home care visit(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were mutual goals of treatment discussed at the time of admission?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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