



Client Satisfaction Survey

We at StarResource want to provide the best service possible. To do so, we need your help. We rely on our clients to keep us informed about what we're doing right and what needs improvement. **We value your opinion!** Please complete the following survey and return it to us in the enclosed postage paid envelope.

- | | |
|---|---|
| 1. When I called StarResource to inquire about service all of my questions were answered. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |
| 2. The StarResource information packet gives me all of the information that I need. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |
| 3. The process for receiving service was managed in a timely manner. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |
| 4. When I call the office with a request or concern, it is handled in a courteous manner. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |
| 5. StarResource was able to deliver care during the hours that I requested. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |
| 6. Billing statements are received in a timely manner. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |
| 7. Billing statements are easy to understand. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |
| 8. I received the same caregiver(s) most of the time. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |
| 9. I will refer others to use StarResource Services. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A |

Please rate our caregivers:	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
Friendly and Courteous	1	2	3	4	5
Appearance	1	2	3	4	5
Compassion	1	2	3	4	5
Punctuality	1	2	3	4	5
Care Competency	1	2	3	4	5

Comments and/or Suggestion for Improvement:

This Survey was completed by: Client Other Relationship to client _____

Name (Optional) _____ Date ____/____/____

Thank You,

Greg Starrs

President

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