



You have recently received services from **AMBIS HOME HEALTH** we want to insure that continue to provide quality care. You can help us by rating our service by responding to the following questions. Please return this form to our agency.

**Rating Questions**

Excellent    Good    Average    Fair    Poor

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (1.) Did nurse, therapist,<br>and/or aide provide courteous service?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2.) Did staff members call prior to visit?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3.) Did you have the same staff member<br>most of the time?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4.) Did the agency provide the service<br>that you expected?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5.) Did you feel that you learned enough<br>about your health problems and medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6.) Were you told when service changed<br>or was going to end?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7.) Your overall rating of the agency was:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Question/Comment:**