



POST ADMISSION SURVEY

PATIENT NAME _____ Date _____

1. After you were notified that you were to receive a call from the Agency in a timely manner to set up your Initial visit? YES _____ NO _____
2. Did your admitting professional give you the telephone number and contact person at the agency in case you had any questions or concerns, including after hours information? YES _____ NO _____
3. Did you participate in your plan of care? YES _____ NO _____
4. Did you receive information on your Bill of Rights including the State Hotline number to call if you have any complaints? YES _____ NO _____
5. Did the agency admitting nurse present a professional appearance? YES _____ NO _____
6. Did the nurse wear a name tag and introduce himself/herself as a representative of the agency and explain his/her role? YES _____ NO _____
7. Did the nurse leave a folder with information about your care in your home? YES _____ NO _____
8. Do you understand the services that your doctor ordered? YES _____ NO _____
10. Did the staff tell you the date of your next visit and the frequency of visits? YES _____ NO _____
11. Did the nurse take your temperature, pulse, respirations and blood pressure? YES _____ NO _____
12. Did the nurse wash her hands before and after caring for you? YES _____ NO _____
13. Did the nurse teach you about:
Your medications? YES _____ NO _____
Signs and Symptoms to report to the doctor? YES _____ NO _____
Your diet? YES _____ NO _____
Wound Care (if applicable)? YES _____ NO _____
Plans for discharge (if applicable)? YES _____ NO _____
14. Did you feel the nurse answered your questions appropriately? YES _____ NO _____

Comments: _____

PLEASE RETURN THIS SURVEY TO THE NURSE

THANK YOU FOR HELPING US IMPROVE OUR SERVICES