

WALTON COMMUNITY SERVICES QUALITY-MEMBER EXIT SCALE SURVEY

(You may fill in this information if you choose, not necessary) Name:
Age:
Gender:

For each item identified below, circle the number
to the right that best fits your judgment of its quality.
Use the scale above to select the quality number.

Description/Identification of Survey Item	Scale				
	P o o r	Good			E x c e l l e n t
1. Staff Services were what you expected	1	2	3	4	5
2. Staff Performed Duties as outlined in service plan on assessment	1	2	3	4	5
3. Staff performed duties as outlined in service agreement as assessed	1	2	3	4	5
4. Staff respected your wishes in your home, etc.	1	2	3	4	5
5. Staff respected your rights in your home	1	2	3	4	5
6. Staff was knowledgeable about your care	1	2	3	4	5
7. You would recommend services from this company to someone else	1	2	3	4	5
8. The office staff treated you in a professional manner when you were called or when you called the office	1	2	3	4	5
9. Coordination and ability to talk with Case Manager about a problem or issue	1	2	3	4	5
10. Staffing of your services through the office (You had staff as needed) per assessment	1	2	3	4	5
11. You received bi weekly service check via telephone from Office Personnel	1	2	3	4	5
12. Quality of your services Overall	1	2	3	4	5
13. If you left a message in the office your called was returned within time allotted per voice mail					
14. The Case Manager for your program kept in contact with you at a minimum of monthly on your services					
15. Your services were what you expected					

Please mail in (stamped self addressed envelope provided) or return back to office as soon as possible.