

WALTON COMMUNITY SERVICES – MONTHLY QUALITY SCALE MEMBER 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 Arrival to Home on Time	1	2	3	4	5
2. Staff Performance of Duties	1	2	3	4	5
3. Reception from Office when called	1	2	3	4	5
4. Caring attitude of staff person providing service	1	2	3	4	5
5. Professionalism of Office personnel	1	2	3	4	5
6. Knowledge of staff about your care	1	2	3	4	5
7. Respecting of your rights	1	2	3	4	5
8. Notice or call from office when staff is late	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. Respecting of your Rights by all staff in home	1	2	3	4	5
11. Weekly service check via telephone from Office Personnel	1	2	3	4	5
12. Quality of your services Overall	1	2	3	4	5

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