	ANTONINE SISTERS ADULT DAY CARE Form	Code: ADC-FR-15	Page 1 of 2
	FAMILY EVALUATION	Approval date: 5/10/2016	Revision date: 01/02/2020

Dear family caregiver,

This evaluation form is designed to help us at the Antonine Sisters Adult Day Care to improve the quality of care that we provide to our participants. We thank you for taking the time to complete it and we appreciate your honesty in helping us serve you better.

- 1. The mission of the Antonine Sisters Adult Day Care is to provide compassionate, holistic care involving the physical, mental, social and spiritual aspects of our participants in a home-like environment.**

As a family caregiver, do you see this mission carried out by the sisters and staff of the center?

Circle One: ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments: As my brother's caregiver, I am extremely pleased with the care he receives at the Antonine Sisters Adult Day Care. Yes, mission accomplished!

- 2. One of our values at the center is to promote and respect the dignity of the individual by welcoming persons of every gender, religion, race, handicap & age.**

In your interactions with the sisters and staff of the center, do you feel that you and your loved one are treated with dignity and respect?

Circle One: ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments: It is my firm belief that the Sisters and staff have fulfilled their commitment to preserve the dignity of all of the participants in the adult day care program.

- 3. One of our goals at the center is to support you, the family caregiver, and to allow you some respite time during the day.**

Do you feel that the center is meeting your needs as a caregiver?

Circle One: ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments: When my brother attends the daycare program, I have peace of mind knowing that he is well taken care of which allows me to devote time to other responsibilities.

- 4. Your phone calls are important to us. Are we addressing your needs courteously and in a timely manner when you call the center?**

Circle One: ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments: Whenever I have had the need to call the office, I have been treated with the utmost respect by a friendly staff who promptly meets my needs.

5. If your loved one received physical or occupational therapy at our center, were you pleased with these services?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: NA

6. If you're a family member of an Alzheimer's patient and attend our support group, do you find it effective?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: NA

7. If you use the Adult Day Care Center's transportation, please evaluate the overall performance of your driver:

Circle One: Excellent Good Poor

Comments: Jim's current bus driver is Allen, who is a wonderful, caring and patient individual, as are all of the drivers that have serviced my brother.

8. If your loved one has used or currently uses the Adult Day Care Center's beauty salon, please indicate your level of satisfaction with the service.

Circle One: Excellent Good Poor

Comments: NA

9. Identify the most favorable aspect of the Antonine Sisters Adult Day Care:


The best feature of the daycare for my brother is the social interaction. He loves the atmosphere, calls it his second home and has a sense of belonging. He said that everyone is treated like family.

10. List any areas that need improvement or change: I can't think of any!

This has been an excellent experience for Jim and we could not be happier with our decision to participate.

11. Any other Comments or Complaints: We feel very blessed to have found the A SADC and would highly recommend it to anyone. God bless you!

Date: April 25, 2024

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1. **The mission of the Antonine Sisters Adult Day Care is to provide compassionate, holistic care involving the physical, mental, social and spiritual aspects of our participants in a home-like environment.**

As a family caregiver, do you see this mission carried out by the sisters and staff of the center?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: CANNOT say enough good about this
center the staff is wonderful. Very PLEASANT
Environment

2. **One of our values at the center is to promote and respect the dignity of the individual by welcoming persons of every gender, religion, race, handicap & age.**

In your interactions with the sisters and staff of the center, do you feel that you and your loved one are treated with dignity and respect?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: _____

3. **One of our goals at the center is to support you, the family caregiver, and to allow you some respite time during the day.**

Do you feel that the center is meeting your needs as a caregiver?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: Do Not Know how I would manage
Drs Appt etc if it wasn't for this day care

4. **Your phone calls are important to us. Are we addressing your needs courteously and in a timely manner when you call the center?**

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: _____

5. If your loved one received physical or occupational therapy at our center, were you pleased with these services?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: _____

6. If you're a family member of an Alzheimer's patient and attend our support group, do you find it effective?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: _____

7. If you use the Adult Day Care Center's transportation, please evaluate the overall performance of your driver:

Circle One: Excellent Good Poor

Comments: _____

8. If your loved one has used or currently uses the Adult Day Care Center's beauty salon, please indicate your level of satisfaction with the service.

Circle One: Excellent Good Poor

Comments: _____


9. Identify the most favorable aspect of the Antonine Sisters Adult Day Care:

How much a joy it is just walking thru
the door, always made to feel welcome.

10. List any areas that need improvement or change: NONE that I know of

11. Any other Comments or Complaints: yes we love this place
= the staff.

Date: 4/24/24

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As a family caregiver, do you see this mission carried out by the sisters and staff of the center?

Circle One: ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments: _____

- 2. One of our values at the center is to promote and respect the dignity of the individual by welcoming persons of every gender, religion, race, handicap & age.**

In your interactions with the sisters and staff of the center, do you feel that you and your loved one are treated with dignity and respect?

Circle One: ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments: _____

- 3. One of our goals at the center is to support you, the family caregiver, and to allow you some respite time during the day.**

Do you feel that the center is meeting your needs as a caregiver?

Circle One: ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments: _____

- 4. Your phone calls are important to us. Are we addressing your needs courteously and in a timely manner when you call the center?**

Circle One: ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments: _____

5. If your loved one received physical or occupational therapy at our center, were you pleased with these services?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: _____

6. If you're a family member of an Alzheimer's patient and attend our support group, do you find it effective?

Circle One: Strongly Agree Agree Disagree Strongly Disagree

Comments: N/A

7. If you use the Adult Day Care Center's transportation, please evaluate the overall performance of your driver:

Circle One: Excellent Good Poor

Comments: _____

8. If your loved one has used or currently uses the Adult Day Care Center's beauty salon, please indicate your level of satisfaction with the service.

Circle One: Excellent Good Poor

Comments: N/A

9. Identify the most favorable aspect of the Antonine Sisters Adult Day Care:

The physical therapy and emotional support for my mother has greatly improved her life.

10. List any areas that need improvement or change: _____

11. Any other Comments or Complaints: _____

Date: 4/28/24