



## **Joska Healthcare Solutions**

**23 Trescott Street, Taunton, Massachusetts 02780, United States**

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### **Client Satisfaction Survey**

Please fill out our brief Customer Satisfaction Survey. All of us at Joska Healthcare would like to thank you for using our services. We welcome your feedback regarding the care that you receive from us. Your honesty helps us work toward better service for everyone, while ensuring customer satisfaction.

1. How long have you used our agency for services? \*
  - a. Less than a month
  - b. 1-12 months
  - c. 1-3 years
  - d. 3-5 years
  - e. More than 5 years
2. Which services do/did you receive? \*
  - a. AFC – 24 Hours
  - b. GAFC
3. How often do/did you receive our services? \*
  - a. GAFC 2-3 hours per day
  - b. AFC 24 Hours
4. I am satisfied with the level of customer service I receive from Joska Healthcare. \*
  - a. Strongly Agree
  - b. Agree
  - c. No Opinion
  - d. Disagree
  - e. Strongly Disagree
5. I am satisfied with the quality of skilled services I received. \*
  - a. Strongly Agree
  - b. Agree
  - c. No Opinion
  - d. Disagree
  - e. Strongly Disagree
6. I feel the staff members were competent and had the skills necessary to care for me. \*
  - a. Strongly Agree
  - b. Agree
  - c. No Opinion
  - d. Disagree
  - e. Strongly Disagree
7. I am satisfied with Joska Healthcare's Staffing/Scheduling Department. \*
  - a. Strongly Agree
  - b. Agree
  - c. No Opinion
  - d. Disagree
  - e. Strongly Disagree
8. I am satisfied with the on-call services that are available after hours. \*
  - a. Strongly Agree
  - b. Agree
  - c. No Opinion
  - d. Disagree
  - e. Strongly Disagree
9. I am satisfied with Joska Healthcare's Administration Department. \*
  - a. Strongly Agree
  - b. Agree
  - c. No Opinion

- d. Disagree
  - e. Strongly Disagree
10. Overall, how would you rate Joska Healthcare's services compared to our competitors? \*
- a. Much Better
  - b. Somewhat Better
  - c. Same
  - d. Somewhat Worse
  - e. Much Worse
  - f. No Opinion
11. How satisfied are you with our services overall? \*
- a. Extremely Satisfied
  - b. Quite Satisfied
  - c. Somewhat Satisfied
  - d. Neutral
  - e. Somewhat Dissatisfied
  - f. Quite Dissatisfied
  - g. Extremely Dissatisfied
12. I would recommend Joska Healthcare's services to friends and/or family. \*
- a. Strongly agree
  - b. Agree
  - c. No Opinion
  - d. Disagree
  - e. Strongly disagree
13. What impressed you most about our services? \*

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14. What disappointed you most about our services? \*

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15. Additional suggestions you would like to share...

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16. OPTIONAL: Name (First, Last)

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17. OPTIONAL: Email

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18. Date (mm/dd,yy)

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