

Evaluation of the care and services dispensed to patients and their families

In order to continue to offer quality care and services that are adapted to your needs, we would invite you to fill this short evaluation form and to mail it to us in the pre-addressed stamped envelope. Thank you for your time.

Date of the evaluation : _____

Name of the patient or family (optional): _____

Care & services received : Nursing Psychologist Hygienic care Volunteers

APPRECIATION SCALE

	Very Satisfied	Satisfied	Unsatisfied
1. Reliability of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Timeliness of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quantity of care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quality of approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Quality of nursing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Quality of psychological care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quality of hygienic and respite care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Quality of volunteer services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Quality of reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Quality of administrative services in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Excellence of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL APPRECIATION AND/OR COMMENTS, IF ANY :
