

Patient Satisfaction Survey

Progressive Care Network is very committed to ensuring patient satisfaction and quality of care. If you would take the time to complete the following survey and return it in the attached self addressed envelope, it would help us to improve our services and ensure that we meet your expectations. Your assistance is very much appreciated. Please rate your satisfaction or dissatisfaction with each of the following by circling the number which best reflects your opinion. Please mark not applicable for those questions that do not apply.

	Strongly disagree	Disagree	Neither agree Or disagree	Agree	Strongly agree	Not applicable
The staff was knowledgeable, courteous, and helpful.	-2	-1	0	1	2	3
Contacting Progressive and receiving assistance was simple	-2	-1	0	1	2	3
The information I received in the hospital from the Progressive Nurse was helpful.	-2	-1	0	1	2	3
I was contacted by my Home Health/Equipment/Supply company in a timely manner.	-2	-1	0	1	2	3
My supplies and services arrived as anticipated.	-2	-1	0	1	2	3
I was given the contact information for all of my services.	-2	-1	0	1	2	3
The equipment company explained my equipment to my satisfaction.	-2	-1	0	1	2	3
The Nurse/Therapist explained my treatment plan to my satisfaction.	-2	-1	0	1	2	3
I received after hour's assistance quickly, and they were able to answer my question.	-2	-1	0	1	2	3
I would recommend Progressive Care Network to my friends and family.	-2	-1	0	1	2	3

Comments:

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