

We value your opinion and appreciate you taking a few minutes to complete this survey and mail back in the enclosed envelope. For each question please check the appropriate box.

1. The home infusion staff discussed the services they provide.
 Yes No
2. I was informed that my health information would be kept private.
 Yes No
3. Were you informed about your patient rights and responsibilities?
 Yes No
4. The costs of services (insurance coverage, self-pay) were reviewed and explained.
 Yes No
5. I was able to ask questions and participate in decisions related to my health care.
 Yes No
6. The staff informed me on how to voice a compliment, concern, or complaint.
 Yes No
7. If I had a concern or complaint the staff was able to help me resolve the issue to my satisfaction.
 Yes No Does not apply
8. The supplies and medication were delivered when expected.
 Yes No Does not apply
9. The equipment was clean when I received it.
 Yes No Does not apply
10. The instructions and education provided on how to use the equipment/supplies were easy to understand.
 Yes No
11. The instructions and education provided on how to give my medication at home were easy to understand.
 Yes No
12. After learning about how to give my medication at home I felt confident to do so.
 Yes No
13. The home infusion staff was respectful and courteous during my care.
 Yes No

14. I knew how to contact Regional Home Infusion anytime day or night.
 Yes No
15. If you needed assistance after regular business hours, were you satisfied with the timely response you received?
 Yes No Does not apply
16. Did you receive information about your medication and the possible side effects of the medication?
 Yes No
17. Did the staff provide information about what to do if your therapy was interrupted due to weather or a natural disaster?
 Yes No
18. Did you receive instructions on how to properly wash your hands and use the supplies to prevent infection?
 Yes No
19. Did Regional Home Infusion services meet your needs and expectations?
 Yes No
20. Were you satisfied with the overall care you received?
 Yes No
21. Would you recommend Regional Home Infusion services to your family and friends?
 Yes No
22. Would you like a staff person to contact you about this survey?
 Yes (please provide contact information below) No

Name: _____

Email: _____ Phone: _____

Thank you for your time. Your feedback is very important to us. Please add any additional comments below.

Comments: _____

Please return the completed survey in the enclosed envelope.