



## PATIENT PERCEPTION OF CARE SURVEY (ADDENDUM 601-A)

Our goal at Kidz Kare at Home is to provide excellent pediatric care that is individualized to each client. We ask that you evaluate our services and offer any comments or suggestions to improve our services.

1. Please indicate the service(s) you received:  
 Skilled nursing visits    Home Medical Equipment    Both
2. Were you involved in decisions about your child's care as much as you wanted?  
 Yes    No
3. Do you feel as though you and your child were treated with dignity and respect?  
 Yes    No
4. If you had any anxieties or fears about your child's condition or treatment, did a nurse discuss them with you?  
 Yes    No
5. Did you have confidence and trust in the nurses treating your child?  
 Yes    No
6. While receiving care from us, did you get as much information about your child's medical condition and treatment as you wanted?  
 Yes    No
7. Did your nurse explain details in a way you could understand?  
 Yes    No
8. Was the first agency contact with you friendly and concerned?  
 Yes    No
9. Were your scheduled visits in your home met in a timely manner?  
 Yes    No
10. When you needed assistance, information, or care other than your regular scheduled visits, did you receive it quickly?  
 Yes    No
11. Were you informed on how to contact the agency and of our 24-hour/7 day week availability of a nurse?  
 Yes    No

12. Did someone explain to you your financial responsibilities at the time of your child's admission to services?  
 Yes       No
13. Were your patient rights explained to you?  
 Yes       No
14. Did someone from our staff tell you what danger signals about your child's illness to watch for?  
 Yes       No
15. Did someone review safety related to the environment and/or equipment with you?  
 Yes       No
16. If your child experienced pain, was this addressed to your satisfaction?  
 Yes       No       N/A
17. Overall, how would you rate the care you received from us?  
 Excellent    Very Good    Good    Fair    Poor
18. Would you recommend us to others if they needed home care?  
 Definitely would                       Probably would not  
 Probably would                           Definitely would not
19. Do you have any suggestions on how we can improve patient safety?  
 Yes       No    Comments: \_\_\_\_\_

#### COMMENTS AND SUGGESTIONS

20. Please give us any comments or suggestions for improvement.

21. In your own words, please tell us how we helped you.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE  
WE VALUE YOUR OPINION.

Please return the completed form to our office: Kidz Kare at Home,  
1909 Huguenot Road, Suite 200, Richmond, VA 23235 or fax to 804.794.7229