

Quality of Care Assessment Questionnaire

Date: _____

Dear [Recipient's Name],

We are conducting a Quality of Care Assessment to evaluate our services and ensure that we are meeting the highest standards of care. Your feedback is invaluable to us.

Please take a few moments to answer the following questions:

1. How satisfied were you with the care you received? (1- Very Unsatisfied, 5- Very Satisfied): _____
2. Did our staff address your concerns in a timely manner? (Yes/No): _____
3. How would you rate the cleanliness of our facility? (1- Very Poor, 5- Excellent): _____
4. What suggestions do you have for improving our services?

Thank you for your time and feedback. Your response will help us enhance the quality of care we provide.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]