

Assessor's name: \_\_\_\_\_

Name of person completing this survey: \_\_\_\_\_

Relationship to person who received the assessment:

- Self  Caregiver  
 Legal Guardian  Family  
 Other (please specify) \_\_\_\_\_

Assessment Date: \_\_\_\_\_




Assessment Time: \_\_\_\_\_

Did the assessment start on time?

- Yes  
 No, and I was notified that the assessment would be delayed or postponed  
 No, and I was NOT notified that the assessment would be delayed or postponed

How long was the assessment?  Less than 1 hour  1.5 - 2 hours  2.5 - 3 hours  
 1 - 1.5 hours  2 - 2.5 hours  More than 3 hours

Assessment type:  Telephone  In person

Please rate your agreement with the following statements:	1 Disagree 	2 Somewhat Disagree	3 Neutral 	4 Somewhat Agree	5 Agree 
The customer service representative was professional and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The customer service representative was knowledgeable about the intake and assessment process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessment occurred at a time, date, and location that worked well for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor was knowledgeable about the assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor was able to answer my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor treated me with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor showed interest and took the time to learn about my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessment accurately showed my care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor clearly explained the outcome of my assessment and my choices for care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You can also submit a survey online at: <https://www.surveymonkey.com/r/MEASA22-23>

We welcome any additional feedback regarding the assessment, the assessor, scheduling etc. If you would like to be contacted about your assessment experience, please provide your name and contact information by email: [Ask-MaineASA@maximus.com](mailto:Ask-MaineASA@maximus.com) or call us at: **833.525.5784**