

Customer Satisfaction Survey 2014 Missouri Home Visiting Programs



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A C K N O W L E D G E M E N T S

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Introduction

The Missouri Department of Health and Senior Services (DHSS) currently contracts to provide home visiting services targeting the maternal and early child population through three programs. Two of the programs, the Building Blocks of Missouri (BB) and the Healthy Families Missouri Home Visiting (HFMoHV) provide services to pregnant women during pregnancy and the service may continue through early childhood. The third program, the Maternal, Infant and Early Childhood Home Visiting (MIECHV) provides expanded services to at-risk pregnant women and families with children from birth to kindergarten entry.

Prospective participants desiring to participate in these programs must meet the established qualifications. For the BB and HFMoHV programs, the participant's income level must be equal to or below 185% of the federal poverty level (FPL) and/or qualify for either MO HealthNet (i.e., Missouri's Medicaid program) or the supplemental nutrition program for Women, Infants and Children (WIC).

Participation requirements for MIECHV are as follows: income eligibility and existence of risk factors affecting maternal and/or child health according to each model's eligibility criteria (i.e., Early Head Start-Home Based Option, Nurse Family Partnership®, and Parents as Teachers™) and the individual/family must reside in the counties served through the program (Pemiscot, Dunklin, Butler, Ripley, and Jasper Counties).

Pregnant women and families participating in department-supported voluntary home visiting programs, receive a home visit at least monthly by specially trained nurses or paraprofessionals. A home visit may be scheduled more often if needed or in accordance with the specifications of the program model being used by the contracting agency providing home visiting services. During these visits, participants receive education on a variety of topics that may include parenting, health care, child abuse prevention, smoking cessation, child development, and domestic violence.

Four home visiting models are currently implemented by the three DHSS monitored home visiting programs: Nurse Family Partnership® (NFP), Healthy Families America® (HFA), Parents as Teachers™ (PAT) and Early Head Start-Home Based Option (EHS-HBO).¹

The BB program is based on the NFP model, a national evidence-based home visiting model developed by David Olds, PhD². Home visits are provided by trained registered nurses and are required to begin no later than the 28th week of pregnancy for participants enrolled during their first pregnancy and continue until age two of the index child.

HFMoHV, which implements the Healthy Families America model, was developed by Prevent Child Abuse America in 1992. It is an evidence-based model to serve at-risk families. They especially target families with history of trauma, violence, mental illness, or substance abuse.³

Through the MIECHV program, home visitation services are currently being provided through three evidence-based home visitation models: NFP, PAT and EHS-HBO.

¹ Descriptions of the program models may be found on the DHSS Home Visiting website at <http://health.mo.gov/living/families/homevisiting/index.php>

² Olds DL, Henderson CR Jr, Tatelbaum R, Chamberlin R. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics*. 1986 Jan; 77 (1): 16-28

³ Healthy Families America website. http://www.healthyfamiliesamerica.org/about_us/index.shtml

Purpose

DHSS requires each implementing home visiting site, contracting with a DHSS Home Visiting Program, to conduct a customer satisfaction survey annually. Survey results are used by the DHSS Home Visiting Programs to work with the contractors to develop and implement a process for addressing and resolving programmatic and implementation issues.

Methodology

Survey

The current home visiting customer satisfaction review is based on participant responses to the annual home visiting customer satisfaction survey (see Attachment 1) conducted from October 1, 2014 through December 31, 2014, with the 14 implementing home visiting agencies. These agencies are directed to provide a survey to all currently enrolled families during that period.

A copy of the survey and an envelope are given to each participant during the home visit. The home visitation staff completes the initial questions about the age of the enrolled child/children and the time enrolled in the program prior to giving the surveys to the participants. Each completed survey is placed in a blank envelope by the participant, sealed, and returned to the home visitation staff. The home visitation staff marks the name of the site on the sealed envelope and returns the completed surveys to their respective offices. The surveys are then mailed to DHSS.

Measures

Participants are asked to rate their perceived improvement of abilities and skills in 12 different areas. Participants are asked to circle the characteristics that best describe their home visitation staff. Participants indicate whether or not the home visitation staff talked with them about specific topics such as their baby's development and health, parenting their baby, and the participant's health. Participants also answer questions regarding the quality of the home visiting services on a scale ranging from "1" (poor) to "4" (excellent), as well as the likelihood of recommending the services to others on a scale ranging from "1" (no, definitely not) to "4" (yes, definitely).

Analysis

For this 2014 report, an analysis of responses to the customer satisfaction survey was completed for the three programs combined (BB, HFMoHV and MIECHV) and then separately for comparison. The percentage of participants was calculated with respect to their perceived quality of services received from home visitation staff, whether participants would recommend the programs to others, participants' perceived characteristics of the home visitation staff, what the home visitation staff discussed with participants, length of time participants had been receiving home visiting services, and participants' pregnancy status for the three programs together. The 12 survey questions regarding improvement of abilities and skills, as perceived by participants as a result of their participation in the program, were collapsed into five subject groups with each group consisting of related topics. Consequently, question scores were not reported individually but averaged within each subject group. Finally, participants' overall comments on all three programs were grouped based on common themes.

Results

As shown in Table 1, 847 enrolled families were eligible to complete a survey during the survey period (320 in the BB program, 155 in the HFMoHV program, and 372 in the MIECHV program). A total of 629 completed surveys were returned for an overall response rate of 74.3%. In the BB program, 231 participants completed the surveys for a response rate of 72.2%; in the HFMoHV program, 108 participants completed the surveys for a response rate of 69.7%; and in the MIECHV program, 290 participants completed the surveys for a response rate of 78.0%.

Table 1: Number of responses and response rate from each site

	Families Enrolled	Number of Responses	Response Rate
<i>Building Blocks</i>			
Southeast Missouri Hospital Home Health	125	104	83.2%
St. Louis County Health Department	93	64	68.8%
Kansas City Health Department	102	63	61.8%
<i>BB Total</i>	320	231	72.2%
<i>Healthy Families Missouri Home Visiting</i>			
Parenting Life Skills Center	32	23	71.9%
Phelps-Maries County Health Department	20	1*	5.0%
St. Louis County Health Department	29	21	72.4%
Columbia-Boone County Health Department	34	26	76.5%
Cornerstones of Care	39	37	94.9%
Randolph County Health Department	1	0	0.0%
<i>HFMoHV Total</i>	155	108	69.7%
<i>MIECHV</i>			
Delta Area Economic Opportunity Corporation	62	45	72.6%
South Central Missouri Community Action Agency	149	111	74.5%
Economic Security Corporation of the Southwest	35	22	62.9%
Malden R-I School District	52	49	94.2%
Southeast Missouri Hospital Home Health	74	63	85.1%
<i>MIECHV Total</i>	372	290	78.0%
Grand Total	847	629	74.3%

*A batch of surveys from Phelps-Maries County Health Department were mailed but not received by DHSS.

As shown in Table 2, of the 629 returned surveys, 614 (97.6%) responded to this question. The majority of respondents (90.1% [n=553]) rated the quality of the services received as “Excellent” and an additional 9.3% (n=57) rated the services received as “Good” for a total of 99.3% rating the quality of services received as good or better.

Table 2: Number and percentage of respondents’ perceived quality of services received from the home visitation staff

Quality	Number	Percent
Poor	0	0.0%
Fair	4	0.7%
Good	57	9.3%
Excellent	553	90.1%
Total	614	100.1%*

*Due to rounding, may not sum to 100%.

As shown in Table 3, of the 629 returned surveys, 616 (97.9%) responded to this question. A majority (94.2% [n=580]) of respondents indicated they would definitely recommend the home visiting programs to others, and 5.4% (n = 33) indicated they would probably do so. Therefore, a total of 99.5% of participants who responded to the question would definitely or probably recommend the programs to others.

Table 3: Number and percent of respondents that would recommend the programs to others

Recommend the Program to Others	Number	Percent
Yes, definitely	580	94.2%
Yes, probably	33	5.4%
No, probably not	2	0.3%
No, definitely not	1	0.2%
Total	616	100.1%*

*Due to rounding, may not sum to 100%.

As shown in Table 4, of the 629 returned surveys, 626 (99.5%) responded to this question which shows the number and percent of participants who circled each of the characteristics that best described their home visitation staff. Each of the nine positive characteristics was circled by at least 84.2% of the respondents.

Table 4: Number and percent of participants rating home visitation staff characteristics

Characteristic	Number	Percent
Good Listener	596	95.2%
Understanding	592	94.6%
Caring	570	91.1%
Available	555	88.7%
Organized	548	87.5%
On Time	546	87.2%
Encourages Me	542	86.6%
Truthful	541	86.4%
Educated	527	84.2%
Does Not Listen	5	0.8%
Not on Time	4	0.6%
Unavailable	2	0.3%
Dishonest	2	0.3%
Unorganized	2	0.3%
Rude	0	0.0%

As shown in Table 5, more than 99% of the participants indicated that the home visitation staff talked with them at least sometimes about their child’s development, parenting their child, and their child’s health.

Table 5: Number and percent of participants indicating home visitation staff discussed children’s development and health, parenting, and the participants’ health

Characteristics	Often		Sometimes		Never	
	Number	Percent	Number	Percent	Number	Percent
Talks with me about my child’s development	577	94.6%	30	4.9%	3	0.5%
Talks with me about parenting my child(ren)	531	87.5%	73	12.0%	3	0.5%
Talks with me about my child(ren)’s health	566	91.6%	49	7.9%	3	0.5%
Talks with me about my health	471	76.6%	131	21.3%	13	2.1%
Talks with me about safe sleep and child safety	531	87.3%	72	11.8%	5	0.8%
Encouraged me to complete or advance my education	418	68.6%	160	26.3%	31	5.1%
Talks with me about finding or keeping a job	353	58.2%	167	27.5%	87	14.3%
Talks with me about my child(ren)’s immunizations	488	80.3%	98	16.1%	22	3.6%

As shown in Table 6, of the 629 returned surveys, 571 responded to this question. More than one-third of the participants (37.8% [n = 216]) had been receiving home visiting services for less than six months and slightly less than one-third (27.8 % [n = 159]) had been receiving services for more than one year.

Table 6: Number and percent of respondents and the length of time they had been receiving home visiting services at the time of the survey

Length of time	Number	Percent
Less than six months	216	37.8%
Six months to one year	91	15.9%
One to two years	159	27.8%
More than two years	105	18.4%
Total	571	99.9%*

*Due to rounding, may not sum to 100%.

As shown in Table 7, the age of children at the time of the survey was recorded for 490 children. 122 of the participants were still pregnant with their first child and are not included in this table. Some participants had multiple children so the number of children plus the number still pregnant does not sum to the total responses.

Table 7: The age of children of the respondents at the time of the survey

Age of Children	Number	Percent
Under 1 year	184	37.6%
1–3 years	295	60.2%
4-5 years	11	2.2%
Total	490	100.0%

Comparison by Home Visiting Program

As shown in Table 8, of the 629 returned surveys, 614 (97.6%) total respondents of the three home visiting programs were compared in regards to rating the perceived quality of the services provided by the home visitation staff. A majority of respondents in all three programs rated the quality of services as “Excellent.”

Table 8: Comparison of the number and percent of respondents’ perceived quality of services received from home visiting staff by program

Program	Poor		Fair		Good		Excellent	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Building Blocks	0	0.0%	3	1.3%	22	9.8%	200	88.9%
HFMoHV	0	0.0%	0	0.0%	11	10.3%	96	89.7%
MIECHV	0	0.0%	1	0.4%	24	8.5%	257	91.1%
Total	0	0.0%	4	0.7%	57	9.3%	553	90.1%

As shown in Table 9, of 629 returned surveys, 616 (97.9%) responded to this section. Table 9 compares the number and percent of respondents by program as to whether they would recommend the services provided by the home visitation staff to others. A majority of respondents in each program indicated that they would definitely recommend the services of BB, HFMoHV and MIECHV (94.3% [n=214], 93.4% [n=99], 94.3% [n=267] respectively).

Table 9: Comparison of the number and percent of respondents who would recommend the services to others by program

Program	Yes, Definitely		Yes, Probably		No, Probably Not		No, Definitely Not	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Building Blocks	214	94.3%	12	5.3%	1	0.4%	0	0.0%
HFMoHV	99	93.4%	7	6.6%	0	0.0%	0	0.0%
MIECHV	267	94.3%	14	4.9%	1	0.4%	1	0.4%
Total	580	94.2%	33	5.4%	2	0.3%	1	0.2%

As shown in Table 10, of the 629 returned surveys, 571 had responded to this question. The majority of respondents across all programs had been receiving home visiting services for at least six months.

Table 10: Comparison of the length of time respondents had been receiving home visiting services at the time of the survey by program

	Building Blocks		HFMoHV		MIECHV	
	Number	Percent	Number	Percent	Number	Percent
Less than six months	81	38.0%	23	23.0%	112	43.4%
Six months to one year	53	24.9%	12	12.0%	26	10.1%
One to two years	67	31.5%	25	25.0%	67	26.0%
More than two years	12	5.6%	40	40.0%	53	20.6%
Total	213	100.0%	100	100.0%	258	100.1%

*Due to rounding, may not sum to 100%.

Table 11 shows the ages of the children at the time of the survey of enrolled families across the programs. Most enrolled families had children between 0 – 3 years. Only 11 families had children age 4-5. Children above age 5 were not included in the survey because they are not served by any of the included home visiting models. In addition to the children reported below, Building Blocks had 76 pregnant participants, while HFMoHV had 7 and MIECHV had 39.

Table 11: Comparison of age of children at the time of the survey by program

	Building Blocks		HFMoHV		MIECHV	
	Number	Percent	Number	Percent	Number	Percent
0-12 Months	79	56.4%	38	36.5%	67	27.2%
1-3 years	61	43.6%	62	59.6%	172	69.9%
4-5 years	0	0.00%	4	3.8%	7	2.8%
Total	140	100.0%*	104	99.9*	246	99.9%

*Due to rounding, may not sum to 100%.

Ability and Skill Subject Groups

Table 12 shows the number and percent of ratings for each of the five ability and skill subject groups, separated by each program. Each ability and skill was rated either “No Change,” “Small Change,” “Medium Change,” “Large Change,” or “Does not Apply.” All of the twelve skills had a majority of respondents rating “Large Change” except for HFMoHV for the “Mother’s Wellbeing,” “Small Change” was the highest ranking with “Medium Change” second and “Large Change” third. The category for each question is below.

Parenting Skills

- My ability to care for my child/children
- My understanding about warning signs of potential child abuse/neglect (anger, depression, self-esteem)
- My patience with my child’s/children’s behavior
- My understanding of my child’s/children’s development
- My understanding of my child’s/children’s needs of me as the parent

Relationship Skills

- My relationship with partner/spouse/other parent of child or children

Healthcare Skills

- My ability to take care of the healthcare needs of my family

Living Situation

- My living situation

Mother’s Wellbeing

- My ability to solve problems
- My ability to cope with problems/stress
- My happiness
- My ability to control my temper

Table 12: Reported change in ability and skill subject groups by program

		Building Blocks		HFMoHV		MIECHV	
Parenting Skills		Number	Percent	Number	Percent	Number	Percent
	No Change	115	12.0%	30	5.8%	150	10.7%
	Small Change	61	6.4%	37	7.1%	105	7.5%
	Medium Change	111	11.6%	118	22.7%	268	19.1%
	Large Change	650	68.1%	293	56.5%	713	50.7%
	Does not apply	184	19.3	41	7.9%	169	12.0%
Relationship skills							
	No Change	39	17.3%	10	9.5%	66	23.4%
	Small Change	23	10.2%	10	9.5%	31	11.0%
	Medium Change	32	14.2%	29	27.6%	56	19.9%
	Large Change	103	45.8%	42	40.0%	80	28.4%
	Does not apply	28	12.4%	14	13.3%	49	17.4%
Healthcare Skills							
	No Change	21	9.3%	9	8.7%	37	13.1%
	Small Change	13	5.8%	11	10.6%	28	9.9%
	Medium Change	30	13.3%	25	24.0%	51	18.1%
	Large Change	138	61.3%	53	51.0%	134	47.5%
	Does not apply	23	10.2%	6	5.8%	32	11.3%
Living Situation							
	No Change	52	23.3%	20	19.2%	76	27.0%
	Small Change	15	6.7%	7	6.7%	22	7.8%
	Medium Change	43	19.3%	24	23.1%	47	16.7%
	Large Change	64	28.7%	42	40.4%	82	29.2%
	Does not apply	49	22.0%	11	10.6%	54	19.2%
Mother's Wellbeing							
	No Change	119	13.3%	36	9.0%	173	15.5%
	Small Change	99	11.1%	49	12.2%	147	13.1%
	Medium Change	205	22.9%	124	30.8%	258	23.1%
	Large Change	379	42.3%	175	43.5%	390	34.9%
	Does not apply	93	10.4%	18	4.5%	151	13.5%

Participants' Suggestions and Comments

As shown in Table 13, of 629 returned surveys, 592 (94.1%) provided comments about the programs when asked for what they liked most and least about their home visiting program and/or home visitors. A total of 592 (94.1%) respondents provided positive comments about the programs. Twenty-three participants (3.7%) responded that they had issues with their particular home visitor and 11.8% [n=74] had issues with the programs ranging from wanting more time with their home visitors to wanting less paperwork.

Table 13: Number and percent of respondents commenting on the program

Comments	Number	Percent
Respondents appreciated the programs, what they offered, as well as their interactions with the home visitors using words like “supportive,” “enjoyable,” “very informative,” “do wonders for children,” “awesome,” “excellent,” “wonderful,” “kind,” “helpful,” “caring,” “awesome,” “I wish the program would never end.” Participants felt very positively that they learned something because of the program and home visitors.	592	94.1%
Issues with the Home Visitor such as: “Issues scheduling,” “Difficult to schedule appointments that worked for both of us,” “Visitor frequently cancelled my appointments,” “Visitor was always late,” or “She made me feel guilty.”	23	3.7%
Issues with the home visiting program such as: “Information given is boring and repetitive,” “I wish there were more social groups for moms,” “I wish my visitor could stay longer,” “I wish my visitor could come more often,” “The program ends too early,” “There is too much paperwork,” and that Kiddie Cash is too regulated or not relevant to age of the child.	74	11.8%

Conclusion and Comments

Synopsis of the Survey Results

- The overall survey response rate for the three programs was 74.3% (629 of 847 enrolled families) with the highest of 78.0% (290 of 372) for the MIECHV program followed by 72.2% (231 of 320) for the BB program and 69.7% (108 of 155) for the HFMoHV program.
- In 2014, when the satisfaction surveys for the BB, HFMoHV and MIECHV programs were combined, 99.3% of respondents rated their perceived quality of services received from home visitation staff as “Good” or “Excellent” and 94.2% of the respondents indicated they would definitely recommend the home visiting services to others.
- Of 227 respondents in the BB program 99.6% would “Probably” or “Definitely” recommend the services while 99.3% in the MIECHV program and all of the respondents in the HFMoHV program (100.0%) would “Probably” or “Definitely” recommend the services.
- Combining all three programs, 84.2% (527 of 626) of participants circled at least one of the nine positive characteristics (good listener, understanding, encourages me, truthful, on time, organized, available, educated and caring) as those that best described their home visitors. None of the negative characteristics (unavailable, not on time, doesn’t listen, unorganized, rude, and dishonest) were selected on more than 1% of surveys.
- A majority of the respondents across all programs, 94.6%, indicated that the home visiting staff talked with them often about their child’s development.
- Participants showed a high level of perceived improvements in each of the five areas of ability and skill: parenting, relationships, healthcare, living situation, and mother’s well-being. There were minimal differences between the programs.

Confounding Considerations

Several concerns complicate the valid interpretation of the survey responses.

- Concerns, such as social desirability bias may have influenced the ratings, where respondents might have consciously or unconsciously wanted to portray a positive view of themselves when rating their level of perceived improvement in the ability and skill areas.
- The absence of a control group of women who did not receive home visiting services makes it uncertain whether the participants would perceive themselves as improving in each of the 12 abilities and skills simply from the experience of parenting.
- Participation in the home visiting programs is voluntary; consequently, women who qualified but were not interested in the services of the programs, would not have participated.

The Survey Instrument

A few notable limitations exist with the home visiting survey.

- Participants were asked about how much change they experienced in a number of areas. It does not specifically ask if the change was positive or negative.
- Only actively enrolled families are surveyed. This excludes former participants who may have felt they were not well served and discontinued their participation.

General Conclusions

The main objective of this survey was to provide a customer satisfaction measure of the home visiting services provided by the three programs: BB, HFMoHV, and MIECHV, as well as identify and address any customer concerns with the services. The survey results did not indicate concerns that needed to be addressed; however, there may have been concerns not captured by the survey instrument.

Recommendations

- Contractors' home visitation staff may need to find ways to encourage participants to complete and return surveys.
- Survey families who have left the program to avoid bias of only surveying those who are currently enrolled.
- Consider changing the question asking "Which of the following has changed because of your participation in the home visiting program?" as "change" is not necessarily a positive indication. Perhaps: "...has changed positively because of the Home Visiting program."
- Consider adding the following question to the survey to enable participants to suggest changes and/or improvements to the program: "What one thing would you like to see changed about the program, and why?" rather than asking what they liked most and least about the program.
- Consider adding a question such as "What information were you seeking and unable to obtain from the home visitor?"
- Consider providing additional training and handouts/brochures on the most frequently cited topics as a strategy to improve the informed scale rating.

Attachment 1 - 2014 Home Visiting Customer Satisfaction Survey

Home Visiting Client Satisfaction Survey 2014/2015

Home Visitor to complete:				Estimated time in home visiting program:	
Program Site: _____				0-6 months	<input type="checkbox"/>
Check all boxes that apply for enrolled client and/or child(ren):				7-12 months	<input type="checkbox"/>
Pregnant	0-12 months	1-3 years	4-5 years	More than 1 year	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	More than 2 years	<input type="checkbox"/>

Home Visiting Client to complete:

Name of Program _____ Date: _____

Name of Home Visitor (Optional) _____

Your Name (Optional) _____

Thank you for taking the time to complete this survey. The information will help us improve the program to serve you better.

Please circle one in each category:

My Ethnicity

Hispanic or Latino
Not Hispanic or Latino

My Race

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or other Pacific Islander
White
Other

My Age

Under 15 years
15-17 years
18-19 years
20-24 years
25-29 years
30-34 years
35-39 years
40-44 years
45 years and over

My Home Visitor:

Please circle which characteristics best describe your home visitor.

Understanding	Encourages me	Available
Good listener	Educated	Unavailable
Doesn't listen	On time	Truthful
Organized	Not on time	Dishonest
Unorganized	Caring	Rude

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My home visitor (please circle):

Talked with me about my child's/children's development?	Never	Sometimes	Often
Talked with me about parenting my child/children?	Never	Sometimes	Often
Talked with me about my child's/children's health?	Never	Sometimes	Often
Talked with me about my health?	Never	Sometimes	Often
Talked with me about safe sleep and child safety?	Never	Sometimes	Often
Encouraged me to complete or advance my education?	Never	Sometimes	Often
Talked with me about finding or keeping a job?	Never	Sometimes	Often
Talked with me about my child's/children's immunizations?	Never	Sometimes	Often

How would you rate the quality of services received from the program (please circle):

4	3	2	1
Excellent	Good	Fair	Poor

Please write one thing you like most about your home visiting program and/or home visitor

Please write one thing you like least about your home visiting program and/or home visitor

Would you recommend the services of this home visitation program to others (please circle)?

4	3	2	1
Yes, definitely	Yes, probably	No, probably not	No, definitely not

Home Visiting Client Satisfaction Survey 2014/2015

Which of the following have changed because of your participation in the home visiting program?
Place an "X" in the box that best applies for each statement.

	No change	Small change	Medium change	Large change	Does not apply
My ability to solve problems					
My ability to cope with problems/stress					
My happiness					
My relationship with partner/spouse/ other parent of child or children					
My ability to care for my child/children					
My living situation					
My ability to control my temper					
My understanding about warning signs of potential child abuse/neglect (anger, depression, self-esteem)					
My patience with my child's/children's behavior					
My understanding of my child's/children's development					
My understanding of my child's/children's needs of me as the parent					
My ability to take care of the healthcare needs of my family					