

## Housekeeping Program Resident Evaluation of Services

Dear Resident:

During the past several months, housekeeping services have been provided to you. We are interested in how satisfied you are with these services. Please answer the following questions by indicating yes or no:

1. Were your cleaning services performed as scheduled? \_\_\_\_\_
2. Was the work performed satisfactorily? \_\_\_\_\_
3. Was the worker courteous? \_\_\_\_\_

We welcome any additional comments you would like to make:

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Thank you for participating in this evaluation.

Please return this form to: \_\_\_\_\_

Resident Signature (Optional): \_\_\_\_\_ Date: \_\_\_\_\_