



seamlessCARE Staff Matching feedback form 1

*Required

1. Please fill in the initial of your first and last name and a two digit number *

2. Please fill in the initial of the first and last name of your care recipient together with a two digit number *

3. How would you describe your relationship to the recipient of care? *

Mark only one oval.

- Professional
- carer Family
- member Friend
- Volunteer
- Other: _____

4. How often did you use seamlessCARE Staff Matching tool over the past two weeks? *

Mark only one oval.

- 0
- 1-5
- 5-10
- 10-20
- More than 20

5. How many categories did you use? *

Mark only one oval.

- 0
- 1-5
- 5-10
- 10-20
- More than 20

6. How many categories did you add, delete or edit? *

Mark only one oval.

- 0
- 1-5
- 5-10
- 10-20
- More than 20

7. Did this tool help you to provide care? *

8. How long have you known the care recipient?

Mark only one oval.

- Less than a week
- 1 week to 1 month
- 1 month to 6 months
- 6 months to a 1 year
- Over a year
- Other: _____

9. Would this tool help new carers who don't know the care recipient well? *

10. What are the positive features of this tool? *

11. What would you change in this tool? *

12. Do you have any additional feedback? *

