

FAMILY SATISFACTION SURVEY

Dear Family Member,

Mercy is dedicated to providing quality care to all patients and their families. To continually improve our service, we ask each family to complete this survey and return in the attached envelope. Your opinions regarding our program are greatly appreciated.

PLEASE CIRCLE THE RESPONSE WHICH BEST REPRESENTS YOUR SATISFACTION WITH THE HOSPICE SERVICES YOU AND YOUR FAMILY RECEIVED. PLEASE ADD ANY COMMENTS ON THE BACK OF THIS PAGE. THANK YOU.

1. **Based on the care your family received, would you recommend Palliative care Services to others?**

YES	NO
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2. **Were you given a clear explanation of what services were available and how to access them?**

YES	NO
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3. **Did your hospital provide you with adequate information about "advance directives" like the living will?**

YES	NO
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4. **How satisfied were you with the patient's pain control?**

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
5	4	3	2	1	0

5. **How satisfied were you with control of the patient's other symptoms?**

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
5	4	3	2	1	0

6. **How satisfied were you with the Palliative care unit's efforts to help you manage your stress and anxiety during the illness of your family member?**

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
5	4	3	2	1	0

7. **How satisfied were you with Palliative Care unit's efforts to assist you with your spiritual concerns?**

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
5	4	3	2	1	0

8. **Were you satisfied that the patient was referred to hospice at the appropriate time during the course of the terminal illness?**

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
5	4	3	2	1	0

- 9.. **How satisfied were you with efforts to support the patient's quality of life?**

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
5	4	3	2	1	0

10. **Did the Palliative Care staff staff provide effective emotional support for you in preparing for the death of your loved one?**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

11.. If there was one thing Mercy Palliative care unit could do better, what would it be?

Patient Information (optional)

Sex: M ___ F ___

Diagnosis: Cancer ___ AIDS ___ Alzheimer=s ___ Heart Disease ___ Lung ___
Other

Age: < = 30 ___ 31-40 ___ 41-60 ___ >60 ___

Race: American Indian or Alaska Native ___ Asian ___ Black or African American ___
Native Hawaiian or Pacific Islander ___ White ___

Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___

How long were Hospice Services received: < 2 weeks ___ 1 month ___ 1-3 months ___
3-6 months ___ 6-9 months ___ 9-12 months ___ > 1 year ___

Your name and relationship to patient (optional)

Thank you for taking the time to help us improve our program. We appreciate your opinion and your time to complete this.

Please return this survey to our office in the enclosed envelope.

THANK YOU