**Bluegrass Palliative Care Experience of Care Survey**

We appreciate you taking a few moments to answer the questions below about your experience
with Bluegrass Palliative Care. Your responses will help us in providing the best care possible.

1. How often do you feel Bluegrass Palliative Care staff listened carefully to you?

[ ]  Always [ ]  Usually [ ]  Sometimes [ ]  Never

1. How often do you get the help you needed as soon as you wanted while under the care of Bluegrass Palliative Care?

[ ]  Always [ ]  Usually [ ]  Sometimes [ ]  Never

1. While under the care of Bluegrass Palliative Care, how often are things explained in a way that was easy to understand?

[ ]  Always ☐ Usually ☐ Sometimes ☐ Never

1. Do you receive clear instructions on how to take your medicines while under the care of Bluegrass Palliative Care?

[ ]  Always [ ]  Usually [ ]  Sometimes [ ]  Never

1. How often does Bluegrass Palliative Care staff keep you informed about your condition?

[ ] Always [ ]  Usually [ ]  Sometimes [ ]  Never

1. While under the care of Bluegrass Palliative Care, how often do you receive the help you needed for pain?

[ ]  Always [ ]  Usually [ ]  Sometimes [ ]  Never [ ]  Did not experience pain

1. While under the care of Bluegrass Palliative Care, how often do you receive the help you needed for other non-pain symptoms?

[ ]  Always [ ]  Usually [ ]  Sometimes [ ]  Never [ ]  Did not experience non-pain

 symptoms

1. While under the care of Bluegrass Palliative Care, I feel less likely to use the hospital emergency department to manage my medical condition.

[ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree

1. While under the care of Bluegrass Palliative Care, I feel confident to manage my medical situation at home.

[ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree

1. How much emotional support do you receive from Bluegrass Palliative Care?

[ ]  Too much support [ ]  Right amount of support [ ]  Not enough support

1. How much spiritual support do you receive from Bluegrass Palliative Care?

[ ]  Too much support [ ]  Right amount of support [ ]  Not enough support

**Please continue on the back**

1. Are you treated with dignity and respect while under care with Bluegrass Palliative Care?

[ ]  Always [ ] Usually [ ]  Sometimes [ ]  Never

1. On a scale of 0-10, where 0 is the worst possible care and 10 is the best possible care, how would you rate your care by Bluegrass Palliative Care?

[ ]  10 [ ]  9 [ ]  8 [ ]  7 [ ]  6 [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  0

Best possible care Worst possible care

1. Would you recommend Bluegrass Palliative Care to other family members and friends?

 [ ]  Definitely Yes [ ]  Probably Yes [ ]  Probably No [ ]  Definitely No

1. Do you have any additional comments or feedback?

1. Name and phone number (optional)

	* Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your feedback**