PALLIATIVE CARE SATISFACTION SURVEY

The Palliative Care Team provides care to people and families dealing with serious illness. Your honest feedback to this survey will help assess and improve our program.

Please answer the questions below about the care we provided to you or your family member. Self-addressed; stamped envelope has been provided for your response.

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| --- | --- | --- | --- |
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| 1. Was your appointment a home/clinic appointment or a virtual appointment? |  | Home/Clinic Virtual |  |
| 1. How would you rate the overall palliative care? | Very Poor= 1 | 1 2 3 4 5 6 7 8 9 10 | 10= Very best |
| 1. Would you recommend palliative care services to others | Definitely No | Probably Yes Probably  Not | Definitely  Yes |
| 1. Did the palliative care team listen well and understand you? | Never | Sometimes Usually | Always |
| 1. How would you rate the timeliness of help you received from palliative care | Not timely | Sometimes Usually | Very timely |
| 1. Do you feel the palliative care team treated the person and family with dignity and respect | Never | Sometimes Usually | Always |
| 1. Do you feel the palliative care team kept you and your family informed about your condition | Never | Sometimes Usually | Always |
| 1. Do you feel the palliative care team provided emotional and spiritual support in time of stress | Never | Sometimes Usually | Always |
| 1. Do you feel the palliative care team provided training and help with medications for pain, trouble breathing, restlessness and other physical symptoms | Never | Sometimes Usually | Always |
| 1. Do you feel the palliative care team explained things in a way that was easy to understand? | Never | Sometimes Usually | Always |
| 1. Do you feel the palliative care team really cared about you and your family? | Never | Sometimes Usually | Always |

Please add any comments that may improve our care.

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Name (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to speak with someone about our program or care received, I welcome your call. Thank you for taking the time to complete our survey.

Sincerely,

Rikki Hooper MBA, MSN, FNP, ACHPN

Vice President of Palliative Care Services