

A Promise of Hope, Inc.

Primary Caregiver Satisfaction Survey

Please indicate the response which best represents your satisfaction with the hospice services you and your family received. Your comments will help us to improve the quality of care we provide in the coming years. Please feel free to comment on any item, or in general. Thank you for your time and willingness to complete this promptly and return it to our office in the enclosed stamped, self addressed envelope.

<p>1. Based on the care your family received, would you recommend hospice services to others? <input checked="" type="checkbox"/> Yes ___ No Comments:</p>	<p>5. Were you given information from the Hospice team about medicines that were used to manage the patient's pain? <input checked="" type="checkbox"/> Yes ___ No Comments:</p>
<p>2. Were you given a clear explanation of what services were available through hospice and how to access them? <input checked="" type="checkbox"/> Yes ___ No Comments:</p>	<p>6. How satisfied were you that the hospice team made sure that the patient's symptoms were controlled to a degree that was acceptable to him/her? ___ 0 Not Applicable ___ 1 Very Dissatisfied ___ 2 Dissatisfied ___ 3 Neutral ___ 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied Comments:</p>
<p>3. Did hospice provide you with adequate information about "advance directives, like a living will?" <input checked="" type="checkbox"/> Yes ___ No Comments:</p>	<p>7. How satisfied were you with the patient's personal care needs such as bathing, dressing and changing bedding? ___ 0 Not Applicable ___ 1 Very Dissatisfied ___ 2 Dissatisfied ___ 3 Neutral ___ 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied Comments:</p>
<p>4. How satisfied were you with the patient's pain control after admission to hospice? ___ 0 Not Applicable ___ 1 Very Dissatisfied ___ 2 Dissatisfied ___ 3 Neutral ___ 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied Comments:</p>	<p>8. While under the care of hospice, was there one nurse who was identified as being in charge of the patient's overall care? <input checked="" type="checkbox"/> Yes ___ No Comments:</p>

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<p>9. How satisfied were you with the education and training you received on caring for your family member?</p> <p><input type="checkbox"/> 0 Not Applicable <input type="checkbox"/> 1 Very Dissatisfied <input type="checkbox"/> 2 Dissatisfied <input type="checkbox"/> 3 Neutral <input type="checkbox"/> 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied</p> <p>Comments:</p>	<p>13. How satisfied were you with the hospice's efforts to assist you with spiritual concerns?</p> <p><input type="checkbox"/> 0 Not Applicable <input type="checkbox"/> 1 Very Dissatisfied <input type="checkbox"/> 2 Dissatisfied <input type="checkbox"/> 3 Neutral <input type="checkbox"/> 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied</p> <p>Comments:</p>
<p>10. How confident did you feel about doing what needed to be done in taking care of the patient?</p> <p><input checked="" type="checkbox"/> Very Confident <input type="checkbox"/> Fairly Confident <input type="checkbox"/> Not Confident <input type="checkbox"/> No Answer</p> <p>Comments:</p>	<p>14. Were you satisfied that the patient was referred to hospice at the appropriate time during the course of the terminal illness?</p> <p><input type="checkbox"/> 0 Not Applicable <input type="checkbox"/> 1 Very Dissatisfied <input type="checkbox"/> 2 Dissatisfied <input type="checkbox"/> 3 Neutral <input type="checkbox"/> 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied</p> <p>Comments:</p>
<p>11. If you contacted the evening or weekend on-call service how satisfied were you with the response?</p> <p><input type="checkbox"/> 0 Not Applicable <input type="checkbox"/> 1 Very Dissatisfied <input type="checkbox"/> 2 Dissatisfied <input type="checkbox"/> 3 Neutral <input type="checkbox"/> 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied</p> <p>Comments:</p>	<p>15. How satisfied were you with hospice's efforts to support the patient's quality of life?</p> <p><input type="checkbox"/> 0 Not Applicable <input type="checkbox"/> 1 Very Dissatisfied <input type="checkbox"/> 2 Dissatisfied <input type="checkbox"/> 3 Neutral <input type="checkbox"/> 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied</p> <p>Comments:</p>
<p>12. How satisfied were you with the hospice's efforts to help you manage your stress and anxiety during the illness of your family member?</p> <p><input type="checkbox"/> 0 Not Applicable <input type="checkbox"/> 1 Very Dissatisfied <input type="checkbox"/> 2 Dissatisfied <input type="checkbox"/> 3 Neutral <input type="checkbox"/> 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied</p> <p>Comments:</p>	<p>16. How often did the hospice team keep you or other family members informed about the patient's condition?</p> <p><input checked="" type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> No Answer</p> <p>Comments:</p>

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<p>17. How satisfied were you with hospice's involvement at the Time of Death?</p> <p><input type="checkbox"/> 0 Not Applicable <input type="checkbox"/> 1 Very Dissatisfied <input type="checkbox"/> 2 Dissatisfied <input type="checkbox"/> 3 Neutral <input type="checkbox"/> 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied</p> <p>Comments:</p>	<p>19. Overall, how would you rate the hospice team member who provided care for your family member?</p> <p><input type="checkbox"/> 0 Not Applicable <input type="checkbox"/> 1 Very Dissatisfied <input type="checkbox"/> 2 Dissatisfied <input type="checkbox"/> 3 Neutral <input type="checkbox"/> 4 Satisfied <input checked="" type="checkbox"/> 5 Very Satisfied</p> <p>Comments:</p>																
<p>18. Contracted Services- (Services you received from agencies with which we contract.) Leave blank those services you did not use. Consider quality of care, service, or product used; promptness of service; knowledge, ability, attitude and manner of personnel delivering product of service.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> pharmacy</td> <td>1=Very Dissatisfied</td> </tr> <tr> <td><input checked="" type="checkbox"/> medical equipment</td> <td>2=Dissatisfied</td> </tr> <tr> <td><input type="checkbox"/> oxygen</td> <td>3=Neutral</td> </tr> <tr> <td><input type="checkbox"/> hospital</td> <td>4=Satisfied</td> </tr> <tr> <td><input type="checkbox"/> nursing home</td> <td>5=Very Satisfied</td> </tr> </table> <p>Comments:</p>	<input checked="" type="checkbox"/> pharmacy	1=Very Dissatisfied	<input checked="" type="checkbox"/> medical equipment	2=Dissatisfied	<input type="checkbox"/> oxygen	3=Neutral	<input type="checkbox"/> hospital	4=Satisfied	<input type="checkbox"/> nursing home	5=Very Satisfied	<p>20. How long were hospice services received:</p> <table border="0"> <tr> <td><input type="checkbox"/> <2 weeks</td> <td><input type="checkbox"/> 1 month</td> </tr> <tr> <td><input type="checkbox"/> 1-3 months</td> <td><input type="checkbox"/> 3-6 months</td> </tr> <tr> <td><input checked="" type="checkbox"/> 6-9 months</td> <td><input type="checkbox"/> 9-12 months</td> </tr> </table> <p>Comments:</p>	<input type="checkbox"/> <2 weeks	<input type="checkbox"/> 1 month	<input type="checkbox"/> 1-3 months	<input type="checkbox"/> 3-6 months	<input checked="" type="checkbox"/> 6-9 months	<input type="checkbox"/> 9-12 months
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<p>21. Were you made aware of which hospice staff Would provide care to you and what that care Would entail?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																	
<p>Additional Comments:</p> <p>The entire hospice staff was amazing. Lori Sellers was exceptional. Our family will forever be grateful to Promise of Hope. We felt like each one of you really cared about grandma</p>																	