

Pacific Home Health and Hospice

Satisfaction Evaluation

Pacific Home Health & Hospice is committed to providing quality patient care. We value your comments regarding the services that were provided to your family member or loved one. You can assist our agency by completing this questionnaire and returning it in the enclosed stamped, self-addressed envelope. Thank you for your assistance.

1. When did the death of your family member or friend occur? _____
2. Which of the following were communicated to you by someone from our hospice team in the time since the death occurred?
 - _____ a. Information about grief and loss;
 - _____ b. Reassurance about what you were going through;
 - _____ c. Availability of grief counseling by hospice;
 - _____ d. Availability of support groups;
 - _____ e. Information about memorial services or events?
3. During this time after the death, did hospice stay in touch with you by mail or by phone?

_____ Phone _____ Mail _____ Other _____ Both
4. Did you meet with anyone from Pacific Home Health & Hospice for in-person grief support at your home, at a facility or somewhere else? _____ Yes _____ No

Evaluation Scale: (5) Superior (4) Excellent (3) Good (2) Fair (1) Poor (Please circle the correct number).

Overall Experience	5	4	3	2	1
Did the quality of our care meet your expectations?	5	4	3	2	1
Upon admission to our hospice, did you receive an explanation of your responsibility for payment?	5	4	3	2	1
Was the staff caring and compassionate?	5	4	3	2	1
Did staff make visits at the agreed upon time?	5	4	3	2	1



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Would you recommend our hospice to others? 5 4 3 2 1

How can we improve our service?

What has most impressed you?

Thank you for your assistance in helping us to improve the quality of care we provide. Should you have any questions concerning this survey feel free to contact us at (806) 247-0057.

Name

Date

