

Survey of  
Patient Experience  
Community Care



This is a patient survey sent to you by those involved in your care. We would appreciate you taking the time to fill this in, as by doing so we gain a greater understanding of our opinion of our services. We are always looking at ways to develop the way we work ensuring we meet the needs of current and future patients. Please return the questionnaire in the freepost envelope enclosed. Thank you.

On the whole, did you find the experience of IRHH caring for you	Excellent?	<input type="checkbox"/>
	Very satisfactory?	<input type="checkbox"/>
	Satisfactory?	<input type="checkbox"/>
	Unsatisfactory?	<input type="checkbox"/>

We are required to ask you a few standard questions

1a. Have you received a Hospice Information Leaflet/Pack?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Can't remember <input type="checkbox"/>
<i>Please write any comments here:</i>			
1b. Is the Information Leaflet/Pack helpful?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Can't remember <input type="checkbox"/>
Did not receive one <input type="checkbox"/>			
<i>If you ticked 'No' please give further details here:</i>			
1c. Do you have any suggestions for other information that should be included in the Leaflet/Pack?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
<i>Please write your suggestions here:</i>			
<b>2. Do the staff involved in your care:</b>			
a. Introduce themselves?	Never <input type="checkbox"/>	Some of the time <input type="checkbox"/>	Most of the time <input type="checkbox"/>
	Always <input type="checkbox"/>		
b. Ask you how you would like to be addressed?	Never <input type="checkbox"/>	Some of the time <input type="checkbox"/>	Most of the time <input type="checkbox"/>

	Always	<input type="checkbox"/>
c. Explain what they are doing?	Never	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/>
	Most of the time	<input type="checkbox"/>
	Always	<input type="checkbox"/>
3. Overall do you have confidence in the staff who are caring for you?	Never	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/>
	Most of the time	<input type="checkbox"/>
	Always	<input type="checkbox"/>
<i>Please write any comments here:</i>		
4. Overall how satisfied are you with your involvement in the planning of your care?	Very dissatisfied	<input type="checkbox"/>
	Dissatisfied	<input type="checkbox"/>
	Satisfied	<input type="checkbox"/>
	Very satisfied	<input type="checkbox"/>
<i>If you were not satisfied, do you have any suggestions as to how we could have involved you more?</i>		
5. Overall do you understand the explanations given to you about your treatment and care?	Never	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/>
	Most of the time	<input type="checkbox"/>
	Always	<input type="checkbox"/>
	No explanations given me	<input type="checkbox"/>
<i>Is there anyway of making our explanations clearer?</i>		
6. Do you have the opportunity to ask questions when you want to?	Never	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/>
	Most of the time	<input type="checkbox"/>
	Always	<input type="checkbox"/>
<i>Any comments?</i>		
7. Do you have enough time to make decisions about your care?	Never	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/>
	Most of the time	<input type="checkbox"/>
	Always	<input type="checkbox"/>
<i>Any comments?</i>		
8. Do you feel staff make an effort to meet your individual needs and wishes?	Never	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/>
	Most of the time	<input type="checkbox"/>
	Always	<input type="checkbox"/>
<i>Any comments?</i>		

<b>9. Do you feel you are treated with courtesy?</b>	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Always <input type="checkbox"/>																		
<i>Any comments?</i>																			
<b>10. Do you feel your privacy is respected?</b>	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Always <input type="checkbox"/>																		
<i>Any comments?</i>																			
<b>11. Are you aware of what to do if you want to make a complaint?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/>																		
<i>Any comments?</i>																			
<b>12. Please rate the following by circling (when 1 = poor and 4 = excellent):</b>																			
a. the manner in which your phone calls are dealt with b. liaison between IRHH Team and your GP and other agencies involved in your care	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Poor</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> <th style="width: 20%;">Excellent</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td>b.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> </tr> </tbody> </table>		Poor				Excellent	a.	1	2	3	4		b.	1	2	3	4	
	Poor				Excellent														
a.	1	2	3	4															
b.	1	2	3	4															
<i>Any comments?</i>																			
<b>13a. Have you been told how to ask/call for assistance from the IRHH team?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Can't remember <input type="checkbox"/>																		
<b>13b. If you have needed to call for assistance were you satisfied with the response?</b>	Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/>																		

Never called for assistance

*Any comments?*

**14. If you have any further comments or suggestions to help us in the further development of our services, please write them here:**

**If you wish for a personal response to any of your comments please write your name and address here:**

**Thank You for taking the time to complete this survey, please return it in the envelope provided – we appreciate your feedback**