PATIENT/FAMILY PERCEPTION SURVEY

You have recently received services from Gentle Transitions Hospice. We want to insure that we met your needs and the needs of your loved one. You can help us by rating our service by responding to the following questions. Please return this form to our agency.

Questions	Excellent	Good	Average	Fair	Poor	N/A
1. Did nurse, chaplain, social worker and/or aide provide courteous and caring service?	5	4	3	2	1	❑
2. Did the staff explain the care being provided?	5	4	3	2	1	❑
3. Do you feel staff members met the patient's and the family's needs?	5	4	3	2	1	❑
4. Do you feel the agency provided the service and care that you expected?	5	4	3	2	1	❑
5. Was the staff responsive to patient's pain and attempted to keep it at an acceptable level?	5	4	3	2	1	❑
6. Was equipment delivered timely and it's use and safety explained?	5	4	3	2	1	❑
7. Were Hospice related medications received timely and explained by a staff member?	5	4	3	2	1	❑
8. Your overall rating of the agency was:	5	4	3	2	1	❑
9. Would you recommend this agency to a friend or relative?	❑ Yes	❑ No				

Comments: _____

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Please complete this form so we can ensure quality care to our patients. If a problem exists we would like the opportunity to correct it. We are dependent on your input.

Your signature is optional.
If you do sign the form, would you allow us to call you to clarify any questions? ❑ Yes ❑ No

Signature (optional)_____Date_____