

BEREAVEMENT PERCEPTION SURVEY

Gentle Transitions Hospice has recently provided bereavement services to you. We want to insure that we met your needs. 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 a member of the hospice team call, visit, contact you after your loved one's death?	5	4	3	2	1	<input type="checkbox"/>
2. Did the staff explain the bereavement program?	5	4	3	2	1	<input type="checkbox"/>
3. Did you receive informational mailings during the 12 month period following your loved one's death?	5	4	3	2	1	<input type="checkbox"/>
4. Do you feel the agency provided the bereavement care that you expected?	5	4	3	2	1	<input type="checkbox"/>
5. Were you referred to support groups as needed?	5	4	3	2	1	<input type="checkbox"/>
6. Did you receive a follow up telephone call approximately 6 months after your loved one's death?	5	4	3	2	1	<input type="checkbox"/>
7. Were you invited and did you attend the Memorial Service?	5	4	3	2	1	<input type="checkbox"/>
8. Your overall rating of the agency was:	5	4	3	2	1	<input type="checkbox"/>
9. Would you recommend this agency to a friend or relative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Comments: _____

Please complete this form so we can ensure quality care to families. 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 _____