



Mountain Valley Health Care

Rehabilitation • Home Care • Hospice

Mountain Valley Hospice Facility Satisfaction Survey

Date: 10-2-07

Thank you for allowing **Mountain Valley Hospice** to provide care to your patient. We are interested in your ideas or opinions about our program. Please take a moment to answer the following questions. Additional comments are welcome and can be recorded on the back of this form. If you need assistance in completing this form, please feel free to contact us at **346-9700**.

For questions 1 – 10, please circle the appropriate number that best describes your opinion.
1 – Strongly Agree 2 – Agree 3 – Disagree 4 – Strongly Disagree 5 – No Opinion or N/A

- 1. We were satisfied with the care provided by the hospice staff. (1) 2 3 4 5
- 2. Medications / Supplies were delivered on time. (1) 2 3 4 5
- 3. Equipment was delivered on time. (1) 2 3 4 5 N/A
- 4. We were involved in decision-making regarding the plan of care for our family. (1) 2 3 4 5
- 5. Staff treated our patient, our facility and belongings with respect. (1) 2 3 4 5
- 6. Staff explained care, services, rights and responsibilities, and other procedures related to the care provided. (1) 2 3 4 5
- 7. We were able to reach hospice staff in a timely manner whenever necessary. (1) 2 3 4 5
- 8. We would recommend Mountain Valley Hospice to friends, relatives and other patients. (1) 2 3 4 5
- 9. Staff provided emotional support during our hospice experience. (1) 2 3 4 5
- 10. Staff assisted with managing our loved ones pain and symptom control. (1) 2 3 4 5
- 11. Suggestions for improvements / additional comments:

only god is perfect (you were close)

12. What most impressed us about the hospice care / services was:

How caring you were. Thank you

How long did your patient receive hospice services?

- Less than 1 month 1 – 3 months
- 3 – 6 months 6 – 9 months
- 9 – 12 months Greater than 12 months

THANK YOU FOR YOUR VALUABLE FEEDBACK. THIS CONFIDENTIAL INFORMATION WILL BE USED ONLY IN EFFORTS TO IMPROVE CARE / SERVICES.

<input type="checkbox"/> We would	<input type="checkbox"/> would not like to discuss our responses further.
Optional Signature	Date

Eva