

**Patient Satisfaction Survey  
Palliative Care Unit**

**The Palliative Care Unit is currently evaluating the services provided to clients and families. We would appreciate your assistance by completing the following survey. The final results will assist us in determining which services of the Palliative Care Unit require improvement. The data collected from this survey will be analyzed as a group to ensure confidentiality and anonymity.**

**Please indicate by circling the number that best describes your level of satisfaction with each of the following questions. Please feel free to make comments in the space provided at the end of the survey.**

| <b><u>While in the Palliative Care Unit,</u></b><br><b><u>how satisfied was your LOVED ONE with:</u></b> | Very<br>dissatisfied | dissatisfied | neutral | satisfied | Very<br>satisfied |
|--|----------------------|--------------|---------|-----------|-------------------|
| 1. the care received from the doctors?   | 1                    | 2            | 3       | 4         | 5                 |
| 2. the frequency of the doctor's visits?   | 1                    | 2            | 3       | 4         | 5                 |
| 3. the time the doctor spent with him/her during visits/consultation?                                    | 1                    | 2            | 3       | 4         | 5                 |
| 4. the care received by him/her from the nurses?   | 1                    | 2            | 3       | 4         | 5                 |
| 5. the emotional support that was provided by the nurses?  | 1                    | 2            | 3       | 4         | 5                 |
| 6. how quickly the nurses answered the buzzer?   | 1                    | 2            | 3       | 4         | 5                 |
| 7. the information you were given about his/her illness and treatment?                                   | 1                    | 2            | 3       | 4         | 5                 |
| 8. his/her involvement in decisions about their care?  | 1                    | 2            | 3       | 4         | 5                 |
| 9. the food service?   | 1                    | 2            | 3       | 4         | 5                 |
| 10. the cleanliness of the unit?   | 1                    | 2            | 3       | 4         | 5                 |
| 11. the level of noise?  | 1                    | 2            | 3       | 4         | 5                 |
| 12. the temperature of the unit?   | 1                    | 2            | 3       | 4         | 5                 |
| 13. the management of pain?  | 1                    | 2            | 3       | 4         | 5                 |
| 14. the management of other symptoms?<br>(nausea, vomiting, constipation, etc.)                          | 1                    | 2            | 3       | 4         | 5                 |
| 15. the observance of his/her wishes?  | 1                    | 2            | 3       | 4         | 5                 |

| <b><u>While in the Palliative Care Unit,</u></b><br><b><u>how satisfied were YOU with:</u></b> | Very<br>dissatisfied | dissatisfied | neutral | satisfied | Very<br>satisfied |
|--|----------------------|--------------|---------|-----------|-------------------|
| 16. the care your loved one received from the doctors?   | 1                    | 2            | 3       | 4         | 5                 |
| 17. the frequency of the doctor's visits?  | 1                    | 2            | 3       | 4         | 5                 |
| 18. the time the doctor spent with your loved one during visits/consultation?                  | 1                    | 2            | 3       | 4         | 5                 |
| 19. the care your loved one received from the nurses?  | 1                    | 2            | 3       | 4         | 5                 |
| 20. the emotional support that was provided to your loved one by the nurses?                   | 1                    | 2            | 3       | 4         | 5                 |
| 21. how quickly the nurses answered the buzzer?  | 1                    | 2            | 3       | 4         | 5                 |
| 22. the information you were given about your loved one's illness and treatment?               | 1                    | 2            | 3       | 4         | 5                 |
| 23. your involvement in decisions about your loved one's care?                                 | 1                    | 2            | 3       | 4         | 5                 |
| 24. the food service?  | 1                    | 2            | 3       | 4         | 5                 |
| 25. the cleanliness of the unit?   | 1                    | 2            | 3       | 4         | 5                 |

|   | Very<br>dissatisfied | dissatisfied | neutral | satisfied | Very<br>satisfied |
|---|----------------------|--------------|---------|-----------|-------------------|
| 26. the level of noise?   | 1                    | 2            | 3       | 4         | 5                 |
| 27. the temperature of the unit?  | 1                    | 2            | 3       | 4         | 5                 |
| 28. the management of your loved one's pain?                                    | 1                    | 2            | 3       | 4         | 5                 |
| 29. the management of other symptoms?<br>(nausea, vomiting, constipation, etc.) | 1                    | 2            | 3       | 4         | 5                 |
| 30. the observance of your loved one's wishes?                                  | 1                    | 2            | 3       | 4         | 5                 |
| 31. your loved one's overall stay on the Palliative<br>Care Unit?               | 1                    | 2            | 3       | 4         | 5                 |

**How satisfied were you with the care your loved one received on the Palliative Care Unit  
from any of the following Health Care Professionals (check all that apply):**

|                                 | Very<br>dissatisfied | dissatisfied | neutral | satisfied | Very<br>satisfied |
|---------------------------------|----------------------|--------------|---------|-----------|-------------------|
| 32. the Dietician?              | 1                    | 2            | 3       | 4         | 5                 |
| 33. the Respiratory Therapist?  | 1                    | 2            | 3       | 4         | 5                 |
| 34. the Physiotherapist?        | 1                    | 2            | 3       | 4         | 5                 |
| 35. the Occupational Therapist? | 1                    | 2            | 3       | 4         | 5                 |
| 36. Pastoral Care?              | 1                    | 2            | 3       | 4         | 5                 |

**Comments about your loved one's stay on the Palliative Care Unit**

37. Do you think anything should have been done differently? Yes\_\_\_\_ No\_\_\_\_  
Comments\_\_\_\_\_

38. Was the referral to the Palliative Care Service appropriate? Yes\_\_\_\_ No\_\_\_\_  
Comments\_\_\_\_\_

39. Was the referral made in a timely manner? Yes\_\_\_\_ No\_\_\_\_  
Comments\_\_\_\_\_

Comments:\_\_\_\_\_

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