

Patient Satisfaction Survey

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your experience with our office. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied	(2)	Neutral	(4)	Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The person you spoke to has knowledge in resolving your concerns or questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The manners of the person(s) who helped you in this call.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Clarity of directions or instructions in helping you with your concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The professionalism and helpfulness of the office staff you spoke to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The extent to which staff respected your privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

2. Please rate the following items related to the delivery of your care from your physician. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.

	Poor	(2)	(3)	(4)	Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
His or her explanation of procedures, diagnoses, or treatment regimen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
His/her personal manner (courtesy, respect, sensitivity, friendliness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other staff's personal manner (courtesy, respect, sensitivity, friendliness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Technical skills (thoroughness, carefulness, competence) of the physician/practitioner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
How prepared (records and educational materials readily available) the staff and physician/provider were for your visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/A.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider/nurse spent adequate time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The service/care provided was valuable to how I expected to be cared for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The educational information I received was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I clearly understand the next steps in my plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

4. Please rate the following items related to the delivery of your care by your nurse and nursing assistant. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You nurse's listening skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
His or her explanation of procedures and or care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
His/her personal manner (courtesy, respect, sensitivity, friendliness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Nursing assistant's personal manner (courtesy, respect, sensitivity, friendliness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Technical skills (thoroughness, carefulness, competence).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
How prepared (records and educational materials readily available) the staff and physician/provider were for your visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

5. Please rate the following items related to the delivery of your care of your social service staff. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You social workers listening skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
His or her explanation of procedures and plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
His/her personal manner (courtesy, respect, sensitivity, friendliness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Technical skills (thoroughness, carefulness, competence).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
How prepared (records and educational materials readily available) the staff and physician/provider were for your visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

6. Would you recommend Alaga Hospice to family and friends?

Most definitely they were all very compassionate, professional and knowledgeable

7. a. Did any specific staff member stand out?

Yes

No

- b. If yes, who and why?

The nurse Kimmy Mata was exactly what our family needed. She made herself available anytime we reached out. Her knowledge and soft spoken words of comfort were so nice. My mother would tell her that she "love!" "I love you"

8. a. Was there any aspect of your care that could be improved?

Yes

No

- b. If yes, please explain.

9. Please tell us what you like best about the care you received.

You can really see how this company and their staff are committed to making the hospice experience the best for our family. I can't say enough how caring they are. This was such a difficult time for me losing my parents so close together. Their words of comfort were so much appreciated.

10. Please tell us what you like least about the care you received. *Nothing at all to complain about.*

11. Lastly, we would like to ask of you to write any comments below. Thank you.