
Auburn Crest Hospice Survey Form

Thank you for allowing Auburn Crest Hospice (ACH) to provide hospice services to someone dear to you. We constantly strive to improve the services we provide, and our patients and clients are the best source of information to help us in this process.

Below are several questions about our recent hospice care efforts. Please answer each question by marking the box that best indicates your opinion, or if a question doesn't apply to your situation, mark "NA."

Your answers always help us improve our delivery of services. We thank you for you for your trust and help.

PLEASE CHECK APPROPRIATE BOX

Did ACH staff clearly explain what to expect during your hospice experience?

- | | |
|-----------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Somewhat | <input type="checkbox"/> N/A |

Was ACH staff available to you 24 hours a day??

- | | |
|-----------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Somewhat | <input type="checkbox"/> N/A |

Did you have complaints or concerns about your loved one's care that were not resolved to your satisfaction? If "YES" please describe.

As a caregiver, did you benefit from the services provided by ACH?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Did ACH staff work with you in a clear and concise manner to develop your loved one's end-of-life plan?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Did ACH staff prepare you and your family through bereavement services and counseling?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Was our ACH staff knowledgeable ?

- Yes Somewhat
 No

Was our ACH staff professional?

- Yes Somewhat
 No

Would you recommend Auburn Crest Hospice to family and friends?

- Definitely Perhaps
 No

Other Comments:

Please mail your completed form to:

Auburn Crest Hospice
PO Box 1176
Meridian, ID 83680