

Balm of Gilead Family/Surrogate Satisfaction Survey

Survey ID _____

Date of Interview __/__/__

Patient's DOB _____

Sex: Female ___ Male ___

Dates of Hospitalization(s): __/__/__ __/__/__ __/__/__ __/__/__

Services Provided to Me Were: Outpatient Only ___ Inpatient Only ___ Both ___

Please circle the best answer.

	Strongly Disagree			Strongly Agree			
	1	2	3	4	5		
1. I would recommend the outpatient hospice services to a friend or family.						Does Not Apply	
2. I would recommend the inpatient palliative care services to a friend or family.						Does Not Apply	
3. I was given a clear explanation of what services were available and how to access them.						Does Not Apply	
4. I received adequate information about Advance Directives like the living will.						Does Not Apply	
5. My loved one's wishes regarding the medical treatment (he/she) received during the last hospitalization were followed.						Does Not Apply	
6. I was satisfied with the management of my loved one's pain control.						Does Not Apply	
7. I was satisfied with the education and training I received on caring for my loved one.						Does Not Apply	
8. I was satisfied with evening or on-call service.						Does Not Apply	
9. I was satisfied with efforts to help me manage stress and anxiety during the illness of my loved one.						Does Not Apply	
10. I was satisfied with efforts made to help me with spiritual concerns.						Does Not Apply	
11. The health care team helped me to understand who I could turn to for help if I was feeling overwhelmed.						Does Not Apply	
12. The health care team helped me to understand what it would be like for me after my loved one's death.						Does Not Apply	
13. I am satisfied that my loved one was referred to hospice at the appropriate time.						Does Not Apply	
14. I am satisfied with the health team's efforts to support my loved one's quality of life.						Does Not Apply	

15. If there was one thing that the hospice and or inpatient could do better, what would it be?
