

Questionnaire



Hospice
ISLE OF MAN



Rebecca House
children's hospice

What
matters to
you, **matters**
to us.



www.hospice.org.im

Hospice Isle of Man is operated by Hospice Care. Registered Office: Hospice Isle of Man, Strang, Douglas, Isle of Man, IM4 4RP. Registered Company No 22473 (Isle of Man). Registered Charity No 317

Questionnaire



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ISLE OF MAN



What matters to you, **matters** to us.

Thank you for taking the time to complete this questionnaire.

The information you provide will help to understand your experience of Hospice Isle of Man. This will inform us of ways we can improve our services.

Your responses will remain anonymous and secure. Individual responses will not be shared with anyone outside Hospice Isle of Man.

The questionnaire is composed of short, tick-box questions. It will only take you a few minutes to complete.

If you have any queries or comments please contact Hospice Isle of Man at research@hospice.org.im or at the address below.

Please respond to questions fully and honestly.

If you wish to return your questionnaire by post, please send to:
Research Department, Hospice Isle of Man, Strang, Douglas, IM4 4RP

COMPLETE ME ONLINE AT:
www.hospice.org.im/telluswhatyouthink

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Q1. I am a *(please tick)*

☐

Patient

☐

Family member/carer/friend

☐

Proxy for the patient

Q2. Please list which Hospice service(s) you have accessed:

--

Q3. Overall, how satisfied are you with your experience of Hospice Isle of Man services? *(please tick the response that most closely describes how you feel)*

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied

Q4. Please respond thinking of your experience with Hospice. How satisfied are you with the following:

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Does not apply to me
The process of accessing Hospice service(s)?						
Availability of Hospice service(s) when you needed them?						
The welcome you received in the Hospice building?						
The general environment and furnishings?						
The cleanliness of the environment?						
The outside spaces available at Hospice?						
The disabled access around the building?						
The consideration of your privacy and dignity?						

Q5. How satisfied were you with the Hospice team in the following areas:

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Does not apply to me
Listening to and respecting your needs and concerns?						
Addressing your needs? (e.g. care support needs, symptom management, wellbeing)						
Ensuring you maintained control over your care and were involved in decision making?						

If you are a patient, or a person responding on behalf of a patient, please answer Question 6. If you are a family member/carer/loved one, please answer Question 7.

Q6. (for patients) How satisfied were you with the following?

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Does not apply to me
The support provided by Hospice for your family/carers/loved ones?						

Q7. (for family/carer/loved ones) How satisfied are you with the following?

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Does not apply to me
The support you received from Hospice as a carer or family member?						

Q8. (for inpatients) How satisfied are you with the following:

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Does not apply to me
Visiting times and guidelines?						
Quiet and communal areas?						
Technology available in your bedroom?						
Overall catering provision?						
Meal options?						
Timings of meals?						
Specialist provision at meal times? E.g. dietary requirements, adapted cutlery						

Q9. Were you given information on how to comment on any concern or experience you've had at Hospice?

☐ Yes ☐ No ☐ I'm not sure

Q10. Do you have any concerns? If so, please describe them:

Q11. How likely would you be to recommend Hospice to a friend or family member who was in a similar situation? (0 = not at all likely, 10 = very likely) (please circle)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Please explain your choice for Q11:

Q12. Are there any other comments you would like to make?

Q13. Do you have any suggestions on how Hospice can improve?

Please note that we may use your comments on our leaflets or on our website. We will never publish your name.

☐ **Please tick the box if you DO NOT wish your comments to be used.**

If you have any concerns about your experience of Hospice Isle of Man that you wish to discuss please contact us on 01624 647480.



Thank you!

Hospice Isle of Man
Strang, Braddan
IM4 4RP
Phone: **01624 647400**
Email: **admin@hospice.org.im**
Website: **hospice.org.im**

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Hospice Isle of Man is also known as Hospice Care and is a registered charity in the Isle of Man - Charity Number 317