As part of Island Hospice's Bereavement Program, we send out periodic information on grief and loss. We would like to solicit your input on how to enhance both our hospice and bereavement services. Please take a few minutes to complete the survey below and return in the return envelope that has been provided.

**General Information**

What is your relationship to the hospice patient who was under the care of Island Hospice?

Spouse  Child

Sibling  Other Family Member

Friend  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you live in the same house as the hospice patient?

Yes  No

Were you the primary caregiver?

Yes  No

**Bereavement Services**

What **Bereavement Services** from Island Hospice do you consider to be the most helpful? Rate the following items in order of importance, with 1 being the most important.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** |
| Personal visits by staff |  |  |  |  |  |
| Phone calls from staff |  |  |  |  |  |
| Information received in the mail |  |  |  |  |  |
| Attendance at the memorial service |  |  |  |  |  |
| Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

Would you be interested in attending an annual Memorial Service conducted by Island Hospice?

Yes  No

What have you found to be most helpful in dealing with the loss of your loved one?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there additional Bereavement Services that Island Hospice could offer that would help you?

No  Yes (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hospice Volunteer Services**

When your loved one was receiving hospice care, did you receive any volunteer services?

Yes  No

Looking back at your hospice experience with your loved one, what hospice **Volunteer Services** were most helpful or would have been very helpful to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not At All Important** | **Somewhat Important** | **Important** | **Very Important** |
| Spending time with you and providing support |  |  |  |  |
| Offering emotional support |  |  |  |  |
| Allowing you to take needed breaks (respite) |  |  |  |  |
| Providing you with information (e.g., what to expect, how to cope, etc.) |  |  |  |  |
| Help with small tasks around the house or running quick errands |  |  |  |  |
| Pet therapy visitation |  |  |  |  |
| Massage/Reiki Therapy |  |  |  |  |
| Providing companionship for your loved one |  |  |  |  |
| Providing occasional meal preparation |  |  |  |  |
| Assisting with recording memories and life stories in a journal (Memory Keeper Book) |  |  |  |  |
| Offering spiritual support to you and your loved one |  |  |  |  |
| Providing yard maintenance |  |  |  |  |
| Sitting vigil (to ensure that no one dies alone) |  |  |  |  |
| Visit by hairstylist/cosmetologist |  |  |  |  |
| Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

Thank you for completing this survey! Your time and input will help us continue to improve our services.