



Agapé Hospice Resident Survey



We are honoured to be part of your journey at The Salvation Army Agapé Hospice. Our goal and commitment is to provide a supportive and comforting service to our residents and their loved ones.

Please take a moment to provide your confidential feedback regarding your ongoing experience at Agapé Hospice. Your input will help us enhance the care that we provide for our residents and loved ones, while striving to achieve our mission: *Led by Christian values, the community at The Salvation Army Agapé Hospice extends compassionate, holistic care and support to those experiencing the end of life journey.*

My Stay

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. I feel as though I was given sufficient information about hospice prior to coming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
2. I felt welcomed by staff when I was admitted to hospice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
3. The room was prepared for my arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
4. Staff introduce themselves when entering my room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
5. I feel acknowledged and cared for by all staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
6. I feel as though staff understand my preferences in care and honour my wishes to participate in decisions about my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
7. I feel as though my calls for assistance are answered in a timely way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
8. I have met the Leadership Team and know how to contact them with any concerns or questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
9. I enjoy my meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
10. I am satisfied with the cleanliness of my room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
11. I feel as though my medication is delivered in a timely way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

The Staff

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
12. I feel the nursing staff explain things to me in a way that I can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments						
13. I feel the nursing staff address my concerns in a timely manner and strive to make me comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments						
	Attentive	Distracted	Thorough	Rushed	Friendly	Inconsiderate
14. I feel the demeanor of the nursing staff is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments						

The Staff (continued)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
15. I feel that my doctor spends an adequate amount of time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
16. I am satisfied with my doctor's explanation of my condition and treatment options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
17. My doctor includes me in healthcare decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
18. My doctor answers questions clearly and in a way that is easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

	Attentive	Distracted	Thorough	Rushed	Friendly	Inconsiderate
19. I feel the demeanor of my doctor is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments						

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
20. I feel the volunteers add value to my stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
21. I feel that my spiritual and cultural beliefs are valued and supported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
22. I feel safe and secure here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
23. I feel my voice is heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

Recommendation

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
24. I would recommend Agapé Hospice to my friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

Additional Feedback

25. What do we need to know about you as a person to give you the best care possible?					
Comments					

26. Did a particular staff member or volunteer impact you? How?					
Comments					

27. If you have had any concerns, were they resolved?					
Comments					

Additional Comments					
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We wish to express our sincere appreciation for taking the time to provide us with your thoughtful feedback. If you have any questions or concerns, please contact the Nursing Lead at 403-282-6588, ext. 236. Thank you.