



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.*

Infection Prevention & Control (IP&C) and Environment

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. The care team performs hand hygiene before and after providing my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

2. My room is regularly cleaned to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

My Stay

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
3. 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

4. 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"/>
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Comments

5. The room was prepared for my arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

6. Staff introduce themselves when entering my room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

7. I feel acknowledged and cared for by all staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

8. 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"/>
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Comments

9. 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"/>
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Comments

10. I have met the Nursing Lead, Sarah Foster, and know how to contact her with any concerns or questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

11. I enjoy my meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

12. I am satisfied with the cleanliness of my room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

13. 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"/>
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Comments

The Staff

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
14. 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

The Staff (continued)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
15. 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
16. 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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
17. 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

18. 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"/>
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Comments

19. My doctor includes me in healthcare decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

20. 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"/>
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Comments

	Attentive	Distracted	Thorough	Rushed	Friendly	Inconsiderate
21. 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
22. The interdisciplinary team (nursing, social work, volunteers, and spiritual care) has met the holistic palliative care needs of myself and my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

23. I feel the volunteers add value to my stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

24. 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"/>
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Comments

25. I feel safe and secure here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

26. I feel my voice is heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Recommendation

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
27. 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

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

Comments

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

Comments

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

Comments

Additional Comments

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 403-282-7603. Thank you.