



Perception of Care Survey

Supporting you and those you love is extremely important to us! The following questions assess the quality of our services and will take no longer than 5 minutes to complete. Please return the completed survey by mail using the pre-addressed envelope provided. All responses will remain as anonymous as possible and no retaliatory action will be made in response to a negative review

Please indicate whether you are satisfied with our work by circling the appropriate response. Space for additional comments and feedback is also provided.

Example Question	N/A	Yes	No
Have you received a Patient Home Binder?	N/A	Yes	No
Have you reviewed your Patient Home Binder?	N/A	Yes	No
Medical staff are timely and meet your needs. Please explain: _____	N/A	Yes	No
Our Social Worker and Chaplain staff meet your needs. Please explain: _____	N/A	Yes	No
Our staff is supportive and professional. Please explain: _____	N/A	Yes	No
Your nurses properly educated you on using equipment, medications, supplies, etc.? Please explain: _____	N/A	Yes	No
Our on-call response was timely and helpful. Please explain: _____	N/A	Yes	No
Have we demonstrated quality & compassionate care? Please explain: _____	N/A	Yes	No
Would you recommend Bear Valley Hospice to others?	N/A	Yes	No
Do you have any areas of concern? Please explain: _____	N/A	Yes	No
How did you hear about Bear Valley Hospice? Example: Facebook, Google, Friend, etc. Please explain: _____			
Please provide any comments or feedback for improvement here: _____ _____ _____ _____			

Thank you for your time and participation.
Please consider leaving us a review on Yelp, Google, or Facebook.
Bear Valley Hospice Team