|  |  |
| --- | --- |
|  | **QUESTIONNAIRE** |

This questionnaire is being sent to patients and ***healthcare professionals*** so that we can further develop and improve the services we provide

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Do you know how to be referred to the hospice? or***Do you know how to refer your patient to the hospice?*** | Yes | No |
| 2 | What services would you / ***your patient*** like us to provide? **Please tick all that interest you** |
| Full day including lunch? |  | Would you be willing to give a voluntary donation for the lunch provided? |  |
| Complementary therapy |  | Occupational Health / Therapy(Help with equipment that will assist you to remain independent) |  |
| Physiotherapy |  | Admiral Nurse / Dementia support |  |
| Family Support team – Carer support / help with benefits |  | Clinical review – advice from the medical team, symptom management  |  |
| Arts and crafts |  | Peer support |  |
| 3 | Would you / ***your patient*** be interested in learning more about Advanced Care Planning? | Yes | No |
| 4 | Would family / loved ones benefit through attending Outpatient support? | Yes | No |
| 5 | How would you / ***your patient*** get here to access services? |  |  |
| Taxi | Yes | No |
| Friends / family | Yes | No |
| Ambulance | Yes | No |
| Volunteer driver | Yes | No |
| Bus  | Yes | No |
| 6 | Would you / ***your patient*** attend an open day? | Yes | No |
| 7 | What social groups would you / ***your patient*** like to see at the hospice? |  |  |
| Craft activities | Yes | No |
| Exercise | Yes | No |
| Reminiscing opportunities | Yes | No |
| Games, - table top or bowls etc | Yes | No |
| Quiz | Yes | No |
| Other – please suggest |
| **Please add any further comment or suggestions:** |
| **Please return your completed questionnaire:** **by post to; St Kentigern Hospice, Upper Denbigh Road, St Asaph, LL17 0RS****Via email to,** **v.grimster@stkentigernhospice.org.uk** **by Friday 21st June 2024. Thank you** |