



4353 County Rd 31, PO Box 278
 Williamsburg, ON K0C 2H0
Tel: 613-535-2215 | Fax: 613-535-1749
info@dundascountyhospice.ca
 www.dundascountyhospice.ca

Client/Caregiver Survey

Dundas County Hospice wants to provide high quality support services to the communities we serve. An important part of this feedback is that of the clients or caregivers of clients who have received services from our staff and/or volunteers. Your responses will assist us as we evaluate our programs to determine what quality measures need improvement, so please consider taking the time to complete this survey.

For questions, contact Linda at 613-535-2215 or dcs@dundascountyhospice.ca. Surveys may be returned by drop-in, mail or email. See contact info above.

Please check the box that best describes your relationship with Dundas County Hospice.

- I am a person receiving (or have received) services from Dundas County Hospice
- I am a support person (caregiver, family member, friend) of someone who received services from Dundas County Hospice

Using the scale below, please respond to the statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	Does not Apply
1. I am satisfied with the support we are receiving or have received from Dundas County Hospice. This may include support offered in the home, such as equipment loan, volunteer visiting, etc. or attendance at Day Hospice. This may also include Grief & Bereavement or Caregiver Support.					
2. I was involved in the decision-making process about what service(s) I or my loved one would receive from Dundas County Hospice.					
3. I/we received enough information from Dundas County Hospice to make informed decisions about what supports I would accept.					

If your loved one is deceased, did they die in the place of their choice? YES or NO

Feel free to share any additional comments or suggestions below, such as how we can improve our services, services we don't currently provide that would have been helpful, general comments.

***Thank you for taking the time to complete this survey.
 We are committed to ensuring that your privacy is protected.
 Any identifying information provided on this survey will be kept confidential and is only collected for the purpose of enabling us to contact you to address your questions/concerns.***

Date received at office: _____