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## Grief & Bereavement Client 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](mailto: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(s) receiving (or have received) grief support from Dundas County Hospice for the loss of a loved one
- I am a person with a life limiting illness

| <b>Using the scale below, please respond to the statements:</b>   | Strongly Agree | Agree | Disagree | Strongly Disagree | Does not Apply |
|---|----------------|-------|----------|-------------------|----------------|
| 1. I am satisfied with the grief & bereavement support we are receiving or have received from Dundas County Hospice.  |                |       |          |                   |                |
| 2. During the intake process I felt involved in the decision making process when deciding on programs I might attend. |                |       |          |                   |                |
| 3. I was offered appropriate tools, that enabled me to move towards healing during grief journey                      |                |       |          |                   |                |
| 4. While attending programs at hospice I felt included and supported by staff/volunteers                              |                |       |          |                   |                |
| 5. The counselling services met my needs  |                |       |          |                   |                |
| 6. If your needs were not met, were you referred to the appropriate services?   |                |       |          |                   |                |

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.

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***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: \_\_\_\_\_