



**Hospice**  
ISLE OF MAN  
*care for our community*



**Rebecca House**  
*children's hospice*

# What matters to you, matters to us.

Thank you for taking the time to complete this questionnaire.

The information you provide will help to understand your experience of Hospice Isle of Man. This will inform us of ways we can improve our services.

Your responses will remain anonymous and secure. Individual responses will not be shared with anyone outside Hospice Isle of Man.

The questionnaire is composed of short, tick-box questions. It will only take you a few minutes to complete.

If you have any queries or comments please contact Hospice Isle of Man at [research@hospice.org.im](mailto:research@hospice.org.im) or at the address below.

Please respond to questions fully and honestly

If you wish to return your questionnaire by post, please send to:  
Research Department, Hospice Isle of Man, Strang, Douglas, IM4 4RP

**COMPLETE ME ONLINE AT:**  
[www.hospice.org.im/telluswhatyouthink](http://www.hospice.org.im/telluswhatyouthink)

**Q1.** I am a *(Please tick)*

Patient  Family member/carer/friend  Proxy for the patient

**Q2.** Please tick the Hospice service(s) you have used.

HOSPICE SERVICE	✓
Day Therapy Unit	
Complementary Therapies (Aromatherapy, Massage, Reflexology, Reiki, Acupuncture)	
Rehabilitation (Physiotherapy and Occupational Therapy, Fatigue And Breathlessness (FAB) programme, Stress Management, Singing for Lung Health)	
Palliative Care Specialist Nurse Team	
Lymphoedema Clinic	
Chaplaincy Service	
Hospice Social Work	
Bereavement Support	
Hospice at Home	
Rebecca House	
In-patient Unit	
Young Person's Support Service	
Counselling and Psychological support	
Medical care from Hospice doctors	
Other: <i>Please Specify</i>	

**Q3.** Overall, how satisfied are you with your experience of Hospice Isle of Man services? *Please tick the response that most closely describes how you feel.*

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied

**Q4.** Please respond thinking of your experience with the Hospice service(s) you have used.

How satisfied are you with the following:

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Does not apply to me
The process of accessing Hospice service(s)?						
The availability of Hospice service(s) when you needed them?						
The help you received from Hospice service(s) for the issues you were experiencing?						
How well your needs were addressed?						
How much control you have had over your care?						
The welcome you received from Hospice staff?						
The respect with which you were treated by Hospice staff?						
How kind and caring the people who treated you were?						
How well Hospice staff listened to your needs and concerns?						
How well Hospice staff listened to the needs and concerns of the people who are important to you?						
How comfortable you were to discuss any concerns?						

If you are a patient, or a person responding on behalf of a patient, please answer Question 5. If you are a family member/carer/loved one, please answer Question 6.

**Q5. (FOR PATIENTS)**

How satisfied are you with the following:

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Does not apply to me
The support provided by Hospice for your family/ carers/loved ones?						

**Q6. (FOR FAMILY/CARERS/LOVED ONES)**

How satisfied are you with the following:

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Does not apply to me
The support you received from Hospice as a carer or family member?						

**Q7.** Were you given information on how to comment on any concern or experience you've had at Hospice?

Yes     No     I'm not sure

**Q8.** Do you have any concerns? If so, please describe them:

**Q9.** How likely would you be to recommend Hospice to a friend or family member who was in a similar situation? (0 = not at all likely, 10 = very likely)

*Please circle*

0	1	2	3	4	5	6	7	8	9	10
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Please explain your choice for Q9:

**Q10.** Are there any other comments you would like to make?

**Q11.** Do you have any suggestions on how Hospice can improve?

*Please note that we may use your comments on our leaflets or on our website. We never publish your name.*

Please tick the box if you **DO NOT** wish your comments to be used.

*If you have any concerns about your experience of Hospice Isle of Man that you wish to discuss please contact us on 01624 647480*

**Thank you for your time.**