

# We value your opinion - please answer the following questions to help us continuously improve our service.

Please tick one of the following:

I am a patient     I am a carer     I am a carer completing this questionnaire on behalf of a patient

Age: \_\_\_\_\_ Gender:  Male  Female

What was your perception of the Ayrshire Hospice before you were referred? What did you expect?

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What service(s) provided by the Ayrshire Hospice have you used?

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Did you have any issues in being referred to hospice services?

Yes     No     Not applicable

If yes, please explain further: \_\_\_\_\_

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Were you referred to the Ayrshire Hospice at ...

just the right time     too soon     too late

Please comment further: \_\_\_\_\_

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Has the input you received made a difference to your quality of life?

Yes     No

Please comment further: \_\_\_\_\_

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On a scale of 1-10 how would you rate the service provided by the hospice team? Please circle below (1=poor, 10=excellent)

1 2 3 4 5 6 7 8 9 10

Please comment further: \_\_\_\_\_

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Are there other types of support or services you would like to have access to that could make a difference?

Yes     No

If yes, please explain further: \_\_\_\_\_

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Please turn over

Now that you have used hospice services, has your initial perception of the Ayrshire Hospice changed?

 Yes No

How would you describe the hospice to friends and family?

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Do you have any other comments or feedback?

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Thank you for taking the time to share your views. It is helpful if we can let others know about patient and carer experiences - **are you happy for your comments to be anonymised and shared publicly?**

 Yes No

There may be an opportunity for you to take part in further research regarding our service review. If you would be interested in taking part in an interview, please provide your name and contact details below, or send an email with the subject line "Research" to:

[seniorclinicalteam@ayrshirehospice.org](mailto:seniorclinicalteam@ayrshirehospice.org)

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Should you wish to discuss this questionnaire or the service review further, please do not hesitate to contact a member of the team.

tel: **01292 269200**

email: [seniorclinicalteam@ayrshirehospice.org](mailto:seniorclinicalteam@ayrshirehospice.org)

Scottish Charity Number SC011390

**Ayrshire  
Hospice**

Making today matter

## Help us to plan and shape hospice services.

## A questionnaire for patients and carers

We are currently reviewing our services to ensure we are providing what people in Ayrshire and Arran really need. We are keen to get your feedback to help us with our ongoing service development.

Please could you take a few minutes to complete this questionnaire?  
Your feedback is very important to us.

Completed questionnaires should be returned by **Monday 28th August 2017**. They can be given to any member of the hospice clinical team, dropped in to any of our red comments boxes at the hospice, or posted to:

Kirsty Cornwall,  
Ayrshire Hospice,  
35 Racecourse Road,  
Ayr,  
KA7 2TG

[www.ayrshirehospice.org](http://www.ayrshirehospice.org)