



EVALUATION OF GRIEF SUPPORT SERVICES

SURVEY INSTRUCTIONS

The questions in the survey focus on the grief services we may have provided to during the time since the death of your family member or friend.

- Answer each question on the survey by choosing the answer that best describes your experience with the grief services provided
- Place a check mark in the box next to the answer you have chosen or write in requested information in the space provided
- You are sometimes told to skip over some questions in the survey that may not apply to you. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
 - Yes
 - No → If No, Go to Question A

Sent: _____

Please answer the questions based on your experiences with our grief support services during the first year after the death of your family member, friend, or significant person.

GENERAL GRIEF SUPPORT

1) Were the following communicated to you after the death?

a) Educational information about grief and loss

Yes No Don't know

b) Reassurance that what you are going through is a common reaction to grief

Yes No Don't know

2) How helpful was the information hospice provided to you about:

a) How to cope with grief and loss

Very helpful Somewhat helpful Not helpful
 Did not receive information Does not apply

b) The availability of support groups

Very helpful Somewhat helpful Not helpful
 Did not receive information Does not apply

c) The availability of in-person visits for grief support

Very helpful Somewhat helpful Not helpful
 Did not receive information Does not apply

d) Upcoming memorial services or commemorative events

Very helpful Somewhat helpful Not helpful
 Did not receive information Does not apply

GRIEF SUPPORT MAILINGS

3) How was the timing of the hospice mailings?

The mailings were well timed The mailings were not well timed
 Did not receive any mailings

4) How helpful did you find the hospice mailings?

Very helpful Somewhat helpful Not helpful

GRIEF SUPPORT TELEPHONE CALLS

5) After the death, did we contact you by phone about grief support?

Often A few times Only once or twice Not sure Hospice did not call

6) Was the number of telephone calls you received:

- Too Few About right Too many

7) Aside from any telephone calls we made to you after the death, did you make any calls to us for grief information or support during this period?

- Yes No → (If No, Skip to Question 9)

8) When you called for information or support, how did we do in getting you help as soon as you needed it?

- Very good Fair Poor

9) Thinking about all your telephone conversations with us related to grief services, how helpful were the individuals with whom you spoke?

- Very helpful Somewhat helpful Not helpful
 I had no telephone contact with hospice

IN PERSON GRIEF SUPPORT VISITS

10) After the death, did you meet with anyone from our grief support services at your home, at our office, or somewhere else?

- Yes No → (If No, Skip to Question 13)

11) Was the number of the in-person visits for grief support:

- Too few Just about right Too many

12) How helpful was the in-person grief support provided?

- Very helpful Somewhat helpful Not helpful

GRIEF SUPPORT GROUPS

13) Since the death, were you informed of our grief support groups?

- Yes No Don't know

a) Did you attend any that were offered?

- Yes No Does not apply

b) How would you rate the grief support groups you attended?

- Very helpful Somewhat helpful Not helpful

- 14) **Since the death, were you invited to memorial services or commemorative events arranged by our grief support program?**
 Yes No Don't know
- a) **Did you attend any that were offered?**
 Yes No
- 15) **Since the death, were you informed about special activities or programs arranged by our grief support program during any holiday periods?**
 Yes No Don't know
- a) **Did you attend any that were offered?**
 Yes No
- 16) **After the death, were grief support services provided for any children in the family (18 years old or younger)?**
 Yes No Not applicable (no children in the family)

OVERALL

- 17) **How good a job did hospice do at delivering grief support services and educational information about grief in ways that were sensitive to your cultural and/or spiritual background?**
 Very good Fair Poor
- 18) **After the death, how well would you say our grief support services met your needs?**
 Very well Moderately well Not very well
- 19) **Would you say the grief support services you experienced were compassionate and personal?**
 Yes No
- 20) **Have you experienced other deaths of family members or close friends in the last 13 months?**
 Yes No
- 21) **Overall, how well do you feel you are coping at this time?**
 Very well Moderately well Not well

22) Would you like someone from the hospice bereavement program to contact you now?

Yes No

If Yes, please fill in your name and phone number:

Name _____ Phone _____

Female _____

Male _____

If there is anything else you would like us to know, please write below.

Signature (Optional)

Thank you for taking the time to complete this survey. We recognize it may have caused you some distress to recall the events you have experienced in the past year. Please know that our bereavement services continue to be a resource to you.