

It was our privilege to provide care for your loved one, and to support you and your family during a difficult time. The following brief survey is regarding your experience at Quiet Oaks and your candid responses are paramount to the future success of our facility. We thank you for taking the time to fill this out and return it to us at 5537 Galaxy Road, St. Cloud, MN 56301.

1. How did you learn about Quiet Oaks (*please select all that apply*)?

- | | |
|---|--|
| <input type="checkbox"/> Referred by family/friend(s) | <input type="checkbox"/> Hospice coordinator |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Newspaper ad |
| <input type="checkbox"/> Other: _____ | |

2. From the list below, please rank the **top 3 reasons** you chose Quiet Oaks as the facility to provide hospice care for your loved one (*use numerical 1-2-3 to identify*):

- | | |
|--|---|
| <input type="checkbox"/> Reputation in community | <input type="checkbox"/> 1:2 ratio of care-giver to residents |
| <input type="checkbox"/> Room availability | <input type="checkbox"/> Location |
| <input type="checkbox"/> Daily fee | <input type="checkbox"/> Referred by family/friend |
| <input type="checkbox"/> Other: _____ | |

Please rate the following using a scale of 1-5.

1 = Very disappointing 2 = Disappointing 3 = Status Quo 4 = Satisfying 5 = Exceptional

- | | | | | | |
|---|---|---|---|---|---|
| 3. Overall experience at Quiet Oaks | 1 | 2 | 3 | 4 | 5 |
| 4. Care provided by our nursing staff | 1 | 2 | 3 | 4 | 5 |
| 5. Assistance from our volunteers | 1 | 2 | 3 | 4 | 5 |
| 6. Communication regarding your loved one's illness and outcome of care | 1 | 2 | 3 | 4 | 5 |

7. Were your loved one's wishes respected and fulfilled?

- Yes No Not sure

8. Were your loved one's symptoms controlled to an acceptable degree at all times?

- Yes No Not sure

9. Please rate the overall atmosphere at Quiet Oaks Hospice House.

1 = Very uncomfortable 2 = Uncomfortable 3 = Okay 4 = Cozy enough 5 = Felt like Home Sweet Home

- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

10. Please rate the meals provided for your loved one and your family.

1 = Very poor 2 = Poor 3 = Good enough 4 = Delicious 5 = Absolutely delilicious!

1 2 3 4 5

11. Please rate the overnight accomodations provided for guests.

1 = Very uncomfortable 2 = Uncomfortable 3 = Okay 4 = Great stay 5 = Four or Five star rating

1 2 3 4 5 ___ I did not stay overnight

12. In the event you participated in the Heart Held Hands legacy project (hand photography), please rate your feelings about this experience. Did this gift provide any comfort or benefit to you and your loved ones?

Not helpful ___ Somewhat helpful ___ This was a lovely gift and helpful to us ___

13. What did you like the most about your experience at Quiet Oaks?

14. Please tell us one thing Quiet Oaks could do to improve their care and/or facility:

15. Would you recommend Quiet Oaks hospice service to others? ___ Yes ___ No

16. Would you like someone from Quiet Oaks to contact you regarding your experience? ___ Yes ___ No

If you answered yes, please provide your name, contact info and best time to contact you:

Additional comments (optional) but meaningful to staff:

Quiet Oaks is a non-profit, donor and volunteer-driven facility and has cared for nearly 1,000 families since the opening of our doors in the fall of 2008. Often, families ask us how they can help us after their loved one passes. By providing your email address, we can be in touch regarding current happenings, needs and fundraising events. You can also LIKE us on Facebook to stay connected.

Name: _____ Email address: _____