



Relative / Carer Experience Survey
Please accept our deepest sympathy at this sad time.
We are keen to ensure that our services met your needs.

We would be grateful if you would complete this questionnaire and return it in the Stamped Addressed Envelope.

Thank you for your time.

1. Are you a?	Relative <input type="checkbox"/>
	Friend <input type="checkbox"/>
2. Whilst you were in contact with Torbay & Southern Devon did the staff involved:	
a. Introduce themselves?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Always <input type="checkbox"/>
b. Explain what they were doing?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Always <input type="checkbox"/>
3. How satisfied were you with your involvement in discussions about your relative's/friends treatment and care?	Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/>
4. Overall did you understand the explanations given to you about the treatment and care being offered?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Always <input type="checkbox"/> No explanations given <input type="checkbox"/>
5. Did you have the opportunity to ask questions when you wanted to?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Always <input type="checkbox"/>
6. Overall did you have confidence in the staff you met?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Always <input type="checkbox"/>
7. Did you feel staff made an effort to listen to your concerns and wishes?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Always <input type="checkbox"/>
8. Did you feel you were treated with courtesy and that privacy and dignity was respected?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Always <input type="checkbox"/>
9. Did you have enough time to discuss changes to care?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Always <input type="checkbox"/>
10. Were you happy with the support we provided to relieve symptoms, i.e. Pain, Nausea, Breathlessness, Constipation, Anxiety etc.	Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/>

