

## Pendleside Hospice “Tell us what you think” feedback form

We would like you to tell us about your experience of Pendleside Hospice Services: please use this form, or visit our website to complete online

[www.pendleside.org.uk](http://www.pendleside.org.uk)



**Which service(s) do you want to tell us about?**

*(Please tick)*

Day services		Inpatient unit		Hospice at home		Outpatients		Complementary therapy		Family support		Psychotherapy	
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**Are you a patient, relative or carer? (Please tick)**

Patient		Relative		Carer	
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**How likely are you to recommend our Hospice to family and friends if they needed similar care and treatment?**

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know

Please tell us what you would or would not recommend to your family and friends <i>(please tick)</i>	Recommend?		Recommend?	
	Yes	No	Yes	No
Cleanliness			Food	
Privacy and dignity			Communication	
Nursing care and treatment			Doctors care and treatment	
Other staff input			Volunteers	

*Please continue overleaf*

Please comment on **one thing** you liked the most

Please comment on **one thing** we could improve

Please tick this box if you would like information on the Hospice patient / carer user group and enter your contact details below

Please tick this box if you would like us to contact you to discuss aspects of your experience and enter your details below

Name:	Mobile:
Address:	Email:
	Please circle your preferred method of contact:
Telephone Number:	Post                      Telephone                      Text message                      Email

**Please hand this to the Hospice receptionist, or post to:**  
The Quality & Development Coordinator  
Pendleside Hospice, Colne Road  
Reedley, Burnley BB10 2LW

Company Registration Number 2280991 (UK). Registered Charity Number 700993.