

## Rowcroft - Complementary Therapy



# Did you get great care today?

**Help improve care** by completing this form and placing it into the ballot box provided or hand it to a member of staff.

Alternatively, you can rate and review your care at:  
**<http://rowcrofthospice.iwgc.net>** and enter code **0258**

When completing this form, we would like you to think about your recent experience of this service.

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For official use only



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**1. How likely are you to recommend our service to your friends and family if they needed similar care or treatment?**

- |  |   |
|--|---|
| <input type="checkbox"/> Extremely likely            | <input type="checkbox"/> Unlikely           |
| <input type="checkbox"/> Likely                      | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know         |

**2. What was good about your care, and what could be improved?**

(Please do not write outside the box.)

Please put a cross (x) in one of the boxes for each of the questions below

- |  | Not at all               |                          | Totally                  |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                        | 4                        | 5                        |
| 3. <b>Were you treated with dignity and respect?</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <b>Did you feel involved enough in decisions made about you?</b>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <b>Did you receive the right information about your care and treatment?</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <b>Were the staff kind and caring?</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <b>Did you have confidence and trust in staff looking after you?</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <b>Were you satisfied with the support you received?</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. **My age is:**  years

**I am:**  Male  
 Female

**10. Is the person completing this form**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> a patient       | <input type="checkbox"/> a friend |
| <input type="checkbox"/> a family member | <input type="checkbox"/> other    |

**Thank you, sharing your feedback helps others get great care.** By completing this form you are agreeing to iWantGreatCare's Terms of Use and consenting to iWantGreatCare using any personal data you provide in accordance with iWantGreatCare's Privacy Policy (both available at <http://iwgc.net/tou>). Please clearly place a cross in this box if you do not want to share your feedback with other patients and the public.

