

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.

For official use only

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iWantGreatCare is an independent organisation allowing any patient or carer to provide feedback on their healthcare. Further information can be viewed at: www.iwantgreatcare.org

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. Were you treated with dignity and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you feel involved enough in decisions made about you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you receive the right information about your care and treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were the staff kind and caring? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you have confidence and trust in staff looking after you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Were you satisfied with the support you received? | <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.