QUESTIONS FOR PATIENTS OR CAREGIVERS

1. The visit with Palliative Care helped to identify or clarify my personal goals (or the goals of the person I care for)

Strongly Agree Agree Disagree Strongly Disagree

1. I feel that the visit helped align my medical goals with my personal values and wishes

Strongly Agree Agree Disagree Strongly Disagree

1. I feel the discussion provided me with information to make more informed decisions about medical treatments?

Strongly Agree Agree Disagree Strongly Disagree

1. I think this service would be helpful to my friends or family members?

Strongly Agree Agree Disagree Strongly Disagree

1. I feel this clinic was useful to my overall understanding of my health and medications?

Strongly Agree Agree Disagree Strongly Disagree

1. I felt his clinic helped identify health risk such as fall risk, vision impairment, blood pressure problems or memory?

Strongly Agree Agree Disagree Strongly Disagree

1. My experience at Geriatrics and Palliative Care clinic has improved my satisfaction with services at my medical home, Providence Family Medicine Center.

Strongly Agree Agree Disagree Strongly Disagree

1. Due to the care I received at the Geriatrics and Palliative Care Clinic, my overall sense of support has improved.

Strongly Agree Agree Disagree Strongly Disagree

*Thank you for your participation in our clinic. Our recommendations will be shared with your primary physician.*