Hospice Staff Questionnaire

Job title/role:

How many years have you worked with this hospice?

Have you worked with another hospice/hospices in the past? Yes No
If yes, for how many years? What degree(s) do you hold?

RN MD LPN BA/BS I do not hold a degree MSW AA CAN
Other (Please specify)

What, if any, hospice-specific training have you received?

Are you certified by either of the following?

Hospice and Palliative Nurses Association Yes No

American Academy of Hospice and Palliative Medicine Yes No

Hospice and Palliative Nurses Association Yes No
American Academy of Hospice and Palliative Medicine Yes No

Please indicate below the stress-relief/well-being activities at your hospice that you have participated in, and which you find helpful:

Activity	I have participated in this activity		I find/found this activity helpful	
Discussion groups	Yes	No	Yes	No
De-briefing	Yes	No	Yes	No
System to address personnel needs for time off	Yes	No	Yes	No
Other activities (please list)	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No

Please circle below the areas in which you would like to receive additional training. Also indicate the *two* areas which are your *highest priority* for training. (Note: Please see attached sheet for explanations of "Areas.")

Area	I feel I need training in this area:		Please check here the two most important areas of training.
Advance Care Planning	Yes	No	
Continuity of Care/Patient-Centered Care	Yes	No	
Emotional symptoms (of patients and families)	Yes	No	
Grief and bereavement	Yes	No	
Family burden/Caregiver strain	Yes	No	
Functional status	Yes	No	
Quality of Life	Yes	No	
Patient and family satisfaction with the quality of the end-of-life experience	Yes	No	
Spirituality	Yes	No	
Survival time	Yes	No	
Pain management	Yes	No	
Symptom management	Yes	No	

Please indicate below the information resources available at your hospice that you have used, and which you have found helpful:

Resource	I have used this resource:		I have found this resource valuable:	
Book/text	Yes	No	Yes	No
Journal	Yes	No	Yes	No
Video	Yes	No	Yes	No
Brochures	Yes	No	Yes	No
Information packet from hospice/palliative care organization	Yes	No	Yes	No
Other resources (please list)	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No