



Bereavement Questionnaire *We welcome your views*

West Hertfordshire Hospitals NHS Trust wishes to extend its sympathy following the death of your loved one. We appreciate that looking back may feel difficult, but your responses to this questionnaire will help us greatly to maintain and improve the care we offer patients, relatives, friends and carers in the future.

This survey will be treated in the strictest confidence. You may remain anonymous by withholding your name and address.

If you would prefer to speak to a member of our staff, an interview based on the questionnaire can be arranged.

You may find it helpful to share your views and opinions with others who may have had a similar experience to you. If so, we would like to invite you to attend a discussion group as continuation of the survey. Please indicate your interest on the back of this form.

We do hope that you will feel able to complete this questionnaire and return it to the Head of Patient and Public Involvement in the envelope provided.

If you have any questions or comments, please telephone (01923) 217 803.

TextRelay: (for Deaf & hard of hearing people only): please prefix number with '18001'.

1 Disagree	2 Neither agree / Nor disagree	3 Agree	N/A Not Applicable
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Section A: The patient – Prior to death

These questions help us to understand more about the care your relative / friend received prior to their death. (i.e. in their last days).

Please circle the number which best represents your answer to the question and make any comments at the end of the questionnaire.

A: In your opinion the patient was:

A1	Aware they were dying	1	2	3	N/A
A2	Given spiritual or pastoral and emotional support	1	2	3	N/A
A3	As comfortable as possible in their last few days	1	2	3	N/A
A4	Given help to alleviate pain and other symptoms	1	2	3	N/A
A5	Given enough physical and hygiene care	1	2	3	N/A
A6	Treated with dignity and respect	1	2	3	N/A
A7	Given / involved in an individualised end of life care plan	1	2	3	N/A

Section B: Relative / friend – Prior to patients’ death

These questions help us to understand more about the care you received prior to the death of your relative / friend.

B: As a relative / friend you were:

B1	Well informed of the patient’s condition	1	2	3	N/A
B2	Given enough opportunity to ask questions and provide important information about the wishes of the patient	1	2	3	N/A
B4	Asked how and when you would like to be contacted if there was any change in the patient’s condition	1	2	3	N/A
B5	Were you given the opportunity to discuss resuscitation of the patient?	1	2	3	N/A
	If you were, was this provided in a sensitive way?	1	2	3	N/A
B6	Given support at the time of death • If agree, please state by whom: _____ • If disagree, please state who you would have liked to have been there:	1	2	3	N/A
B7	Offered refreshments	1	2	3	N/A
B8	Offered a quiet room	1	2	3	N/A
B9	Offered interpreting and translating services	1	2	3	N/A
B10	Advised appropriately about the use of the rose symbol	1	2	3	N/A

Section C: The patient – After death

These questions help us to understand more about the care your relative / friend received after their death.

C: In your opinion the patient was:

C1	Treated with respect and dignity following death?	1	2	3	N/A
C2	Treated according to his / her wishes (if known, ie religious beliefs, organ / body donation)	1	2	3	N/A
C3	Appropriately prepared for viewing on the ward	1	2	3	N/A

Section D: The relative / friend – After patient’s death

These questions help us to understand more about the care you received prior to the death of your relative / friend.

D: In your opinion you were:

D1	Told about the death of your relative / friend in an appropriate place	1	2	3	N/A
D2	Told in a sensitive way	1	2	3	N/A
D3	Advised appropriately about the use of the rose symbol	1	2	3	N/A
D4	Offered the chance to sit with your relative / friend on the ward	1	2	3	N/A
D5	Offered the chance to view your relative / friend in the hospital’s Chapel of Rest	1	2	3	N/A
D6	Given appropriate support to the hospitals’ Chapel of Rest	1	2	3	N/A
D7	Advised of the environment where you would view	1	2	3	N/A
D8	Advised how your relative/friend may look prior to viewing	1	2	3	N/A
D9	Appropriately prepared for viewing in the hospital’s Chapel of Rest	1	2	3	N/A
D10	Advised that you could view at the Funeral Directors	1	2	3	N/A
D11	Given the opportunity of discussing organ, tissue or body donation by the Clinical staff	1	2	3	N/A
D12	Given the opportunity of the patient being released from hospital as soon as possible due to religious or cultural needs	1	2	3	N/A
D13	Treated with dignity and respect by staff	1	2	3	N/A
D14	Offered spiritual and pastoral support	1	2	3	N/A
D15	Advised of the Patient Affairs department	1	2	3	N/A
D16	Given a bereavement booklet?	1	2	3	N/A
D17	Given the Medical Certificate of Cause of Death and patient’s property in an appropriate environment	1	2	3	N/A
D18	Guided on what to do next, i.e. registering a death or making funeral arrangements	1	2	3	N/A
D19	Advised of any Coroner’s involvement	1	2	3	N/A
D20	Made aware a Coroner’s post-mortem was required	1	2	3	N/A
D21	Advised of where further support could be obtained	1	2	3	N/A
D22	Given an opportunity to discuss cause of death with a doctor if you requested	1	2	3	N/A
D23	I would recommend this ward to others needing end of life care	1	2	3	N/A

Did your relative / friend die out of normal working hours (evening / weekend)?

Yes No

On which hospital site was your relative/friend a patient? Watford General Hospital
 Hemel Hempstead General Hospital St Albans City Hospital

On which ward did your relative / friend die?

Date of death?

Please state the religion of your relative / friend:

We would welcome any further comments that you may have.

If you wish to comment about a specific question please list the question number your comment relates to, ie *Example: D19 – Information available in waiting area*

Please complete the details below if you would like to be contacted further or involved with any feedback from this questionnaire.

Name:

Address:

Postcode:

Telephone:

Email:

Relationship to the deceased:

Name of Deceased:

The Trust is committed to promoting an environment that values diversity. All staff are responsible for ensuring that all patients and their carers are treated equally and fairly and not discriminated against on the grounds of race, sex, disability, religion, age, sexual orientation or any other unjustifiable reason.

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **pals@whht.nhs.uk**

TextRelay: (for deaf & hard of hearing people only): please prefix number with '18001'



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Ratified Date / Review Date	May 2015 / May 2017
Version Number	5
Medical Illustration	59886_© MedIII WHHT_Bereavement Questionnaire. Aprilv5

