|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Home from Hospital - Post Visit Patient Feedback | | | | | | | | | | | | | | |
| Patient name: | | |  | | | | | | | | | | | |
| Date of visit: | |  | | | Time of visit: | |  | Duration of visit: | | | |  | | |
| Volunteer name: | | | |  | | | | | | | | | | |
| One Community Volunteer is linked to: | | | | | |  | | | | | | | | |
| **1** | Did you feel okay at the time of the volunteer visit? | | | | | | | | Yes/No | | | | | |
| *If No - details* | | | | | | | |  | | | | | |
| **2** | Did you have your necessary prescribed medication? | | | | | | | | Yes/No | | | | | |
| *If No - did the volunteer contact the Community Volunteer Coordinator to organise medication collection?* | | | | | | | | Yes/No | | | | | |
| **3** | Did you have essential food and drinks for the next 24 hours? | | | | | | | | Yes/No | | | | | |
| *If No - did the volunteer contact the Community Volunteer Coordinator to organise shopping?* | | | | | | | | Yes/No | | | | | |
| **4** | Did you need assistance to make a hot drink or a sandwich/light snack? | | | | | | | | Yes/No | | | | | |
| *If Yes - details* | | | | | | | |  | | | | | |
| **5** | Did the volunteer offer to refer you for a ‘Home Safety Visit’? | | | | | | | | Yes/No | | | | | |
| *If Yes - details* | | | | | | | |  | | | | | |
| Did the volunteer offer to refer you for an ‘Energy Review’? | | | | | | | | Yes/No | | | | | |
| *If yes - details* | | | | | | | |  | | | | | |
| **6** | Did the volunteer offer to refer you to the ‘community connector’ for information about local groups or activities? | | | | | | | | Yes/No | | | | | |
| *If yes - details* | | | | | | | |  | | | | | |
| **7** | Do you feel that you may benefit from any further support at home? | | | | | | | | Yes/No | | | | | |
| *If yes - details* | | | | | | | |  | | | | | |
| **9** | Overall how did you find the visit from the volunteer? (please circle 1 poor – 5 very good) | | | | | | | | 1 | 2 | 3 | | 4 | 5 |
| Details | | | | | | | |  | | | | | |
| **10** | Did you find the visit from the volunteer made you feel supported when you came home?  (please circle 1 poor – 5 very good) | | | | | | | | 1 | 2 | 3 | | 4 | 5 |
| Details | | | | | | | |  | | | | | |
| **11** | If you were to be discharged from hospital again, would you like a volunteer to visit again? | | | | | | | | Yes/No | | | | | |
| *If No - details* | | | | | | | |  | | | | | |
| **12** | How likely would you be to recommend this service to others leaving hospital?  (please circle 1 poor – 5 very good) | | | | | | | | 1 | 2 | 3 | | 4 | 5 |
| Details | | | | | | | |  | | | | | |