

Evaluation of Grief Support Services Survey

Elective Modules and Questions

HOW TO USE THE EGSS SURVEY ELECTIVE MODULES AND QUESTIONS

1. Bereavement Component Modules

- The following modules represent various components of hospice bereavement programs:
 - Grief Support Mailings
 - Grief Support Telephone Calls
 - In-Person Grief Support Visits
 - Grief Support Groups
 - Other Grief Support Services
- Your hospice may offer all of these components. If so, then use the generic or the customized version of the EGSS survey without making any modifications.
- Or, your hospice may offer only some of these components. In that case, you may remove those modules from the survey that relate to those bereavement program components your hospice does not offer.

2. Demographic Module

- The About You module provides demographic information about the survey respondents.
- This information tells about the caregiver population who are providing the information you use to evaluate your bereavement program. Demographic information is useful in program evaluation by allowing you to identify which segments of your bereavement client population answer the survey and whether particular groups provide more or less favorable evaluations.
- If you prefer not to ask demographic information you may remove this module from the survey. Or if there are one or more demographic questions that you prefer not to include, you may remove only those questions.

3. Elective Questions

- There are two required modules which include some questions that you may choose not to include in your EGSS survey.
- General Grief Support Module
 - Question 2.a is required. Questions 2.b, 2.c, and 2.d may be removed if your hospice does not offer the bereavement program components these questions ask about.
- Overall Module
 - Questions 1, 2 and 3 are required. Questions 4, 5, 6, and 7 provide useful contextual information and feedback, but may be removed if you prefer.

EGSS Survey Elective Modules

GRIEF SUPPORT MAILINGS

1) How was the timing of the mailings or email?

- The mailings were well timed The mailings were not well timed
 Did not receive any mailings or email → *(Skip Question 2)*

2) How helpful did you find the mailings or email?

- Very helpful Somewhat helpful Not helpful

GRIEF SUPPORT TELEPHONE CALLS

1) After the death, did we contact you by phone about grief support?

- Often A few times Once or twice Not sure → *(Go to Question 3)*
 Was not contacted by phone → *(Go to Question 3)*

2) Was the number of telephone calls you received ...?

- Too few About right Too many

3) Aside from any telephone calls we made to you after the death, did you make any calls to us for grief information or support during this period?

- Yes No → *(If No, Go to Question 5)*

4) When you called for information or support, how did we do in getting you help as soon as you needed it?

- Very good Fair Poor

5) Thinking about all your telephone conversations with us related to grief support services, how helpful were the individuals with whom you spoke?

- Very helpful Somewhat helpful Not helpful Had no conversations

IN-PERSON GRIEF SUPPORT VISITS

1) After the death, did you meet with anyone from our grief support services at your home, at our office, or somewhere else?

- Yes No → *(If No, Skip Questions 2 and 3)*

2) Was the number of the in-person visits for grief support ...?

- Too few Just about right Too many

3) How helpful was the in-person grief support provided?

- Very helpful Somewhat helpful Not helpful

GRIEF SUPPORT GROUPS

1) Since the death, were you informed of our grief support groups?

- Yes No Not sure

a) Did you attend any grief support groups that we offered?

- Yes No *(If No, Skip Question 1.b)*

b) How would you rate the grief support groups you attended?

- Very helpful Somewhat helpful Not helpful

OTHER GRIEF SUPPORT SERVICES

1) Since the death, were you invited to memorial services or commemorative events arranged by our grief support program?

- Yes No Not sure

a) Did you attend any that were offered?

- Yes No → *(If No, Skip Question 1.b)*

b) How helpful were the memorial services or commemorative events you attended?

- Very helpful Somewhat helpful Not helpful

2) Since the death, were you informed about special activities or programs arranged by our grief support program during any holiday periods?

- Yes No Don't know

a) Did you attend any that were offered?

- Yes No → *(If No, Skip Question 2.b)*

b) How helpful were the holiday grief support activities you attended?

- Very helpful Somewhat helpful Not helpful

3) After the death, were grief support services provided for any children in the family (18 years old or younger)?

- Yes No Not applicable (no children in the family) → *(If No or Not applicable, Skip Question 3.a)*

a) How helpful were the grief support services?

- Very helpful Somewhat helpful Not helpful

ABOUT YOU

Please provide the following information about yourself:

1) What is your relationship to your family member, friend, or significant person?

I am his/her:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other |
| <input type="checkbox"/> Parent | |
| <input type="checkbox"/> Sibling | |
| <input type="checkbox"/> Other Relative | |

2) How old were you on your last birthday?

_____ years old

3) Are you male or female?

- Male
 Female

4) Are you of Hispanic or Spanish family background?

- Yes
 No

5) Which of the following best describes your race?

- American Indian or Alaskan Native
 Asian or Pacific Islander
 Black or African-American
 White
 Another race or multiracial

EGSS Survey Elective Questions

GENERAL GRIEF SUPPORT

2) How useful was the information provided to you about:

b) The availability of support groups

- Very useful Somewhat useful Not useful
 Did not receive information on support groups

c) The availability of in-person visits for grief support

- Very useful Somewhat useful Not useful
 Did not receive information on in-person counseling

d) Upcoming memorial services or commemorative events

- Very useful Somewhat useful Not useful
 Did not receive information on memorial services or commemorative events

OVERALL

4) How could our grief support services be improved?

5) Have you experienced deaths of other family members or close friends in the last 13* months?

- Yes No

6) Overall, how well do you feel you are coping at this time?

- Very well Moderately well Not well

7) Would you like someone from our grief support services to contact you?

- Yes No

If Yes, please provide your name and phone number:

NOTE: * This number should match the length of time your hospice provides bereavement services and/or the time post death that you mail the survey. For example, if your program provides services for 15 months, change the question to read "... in the last 15 months ..."