Patient Experiences Survey Tracking

Instructions for recording distribution of surveys.

1. Please give patients a copy of the survey and seek their agreement to participate.
2. To assist you with the administration of these surveys record each survey distributed on the form below.
3. Please record details of refusal to participate and the reason for their refusal using the codes below.

Survey #	Date survey given	Patient UR number	Survey refused (Y/N)	Reason for refusal	Date survey returned	Staff Rated

Reasons for refusal

1. too ill or tired
2. not interested
3. family refused access
4. language barrier
5. cognitively impaired
6. will be discharged or transferred to another facility within 24 hours
7. not at this time, can approach later
8. other (specify)

palliative care outcomes collaboration

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