



Guest Exit Survey

Providing adult cancer patients a compassionate and supportive home-away-from-home atmosphere, Editha House helps reduce emotional and financial challenges during a vulnerable time in one's cancer journey.

Date of Survey: _____ I am the Caregiver _____ I am the Patient/Guest _____

ENVIRONMENT

Please circle the number that best describes how important each of the areas listed below are to you.

Area	Importance 1= Unimportant 2= Somewhat Important 3= Very important	Rate Your Experience 1=Poor 2=Average 3=Good 4=Very Good	Not Applicable/ Don't Know
The comfort and cleanliness of your room	1 2 3	1 2 3 4	
The convenience and cleanliness of your bathroom	1 2 3	1 2 3 4	
Your comfort using common areas such as the kitchen/lounge	1 2 3	1 2 3 4	
The availability of and usefulness of the common computer	1 2 3	1 2 3 4	
The availability of and access to outdoor areas	1 2 3	1 2 3 4	
The kitchen and the equipment	1 2 3	1 2 3 4	
Convenience of parking	1 2 3	1 2 3 4	
Your feeling of being safe and secure	1 2 3	1 2 3 4	
The amount of the requested donation for your room	1 2 3	1 2 3 4	
The helpfulness and friendliness of the staff	1 2 3	1 2 3 4	
The helpfulness and friendliness of the volunteers	1 2 3	1 2 3 4	
Your overall experience at Editha House	1 2 3	1 2 3 4	

COMMENTS:

PROCEDURES

Please circle the number that best describes how important each of the areas listed are to you.

Area	Importance 1= Unimportant 2= Somewhat Important 3= Very important	Rate Your Experience 1=Poor 2=Average 3=Good 4=Very Good	Not Applicable/ Don't Know
Ease of check in	1 2 3	1 2 3 4	
Ease of check out	1 2 3	1 2 3 4	
Respect for your privacy	1 2 3	1 2 3 4	
Explanation of House procedures	1 2 3	1 2 3 4	

COMMENTS:

RESOURCES/BENEFITS

For each area below, please circle the number that best describes how your stay at Editha House affected you.

Area	Rate Your Experience				Not Applicable/ Don't Know
	1=Totally Disagree 3=Agree	2=Disagree	4=Totally Agree		
Because of Editha House, I was better able to rest and maintain my physical well-being while receiving medical care.	1	2	3	4	
While staying at Editha House, I felt emotionally supported from other families, staff and volunteers.	1	2	3	4	
I was able to access information about my condition while at Editha House (i.e. through computer access).	1	2	3	4	

COMMENTS:

Additional Information

1. Have you ever stayed at a Hospitality House before? And if so where?

2. Did staying at Editha House ease the burden of emotional and financial challenges during your stay?

3. Did being with other cancer patients/caregivers help you during this time?

4. If you had not stayed at Editha House would you have been able to receive your treatment in this area?

5. Additional Comments:

6. Do you know of any other hospitality houses, or facilities that provide patient housing, anywhere in the United States? Yes or No (circle one)

If Yes, please provide name, city, and any other details you may have.

Optional:

Name (PLEASE PRINT): _____ Date(s) you stayed _____

Room Occupied: _____ E-mail address: _____

I, _____, give permission for Editha House to use my comments on this form as testimonials on future publications.

Signed: _____ Date: _____

Thank you,
Mary Gauwitz
CEO, Editha House