



**Instructions**

Think about the care that your family member has received. Please answer the questions below indicating how satisfied you are with the care received: very satisfied (VS), satisfied (S), undecided (U), dissatisfied (D), or very dissatisfied (VD). Not Applicable (NA) Please circle the letters below that best match your experience.

**How satisfied are you with:**

1	The patient's pain relief	VS	S	U	D	VD	NA
2	Information provided about the patient's prognosis	VS	S	U	D	VD	NA
3	Answers from health professionals	VS	S	U	D	VD	NA
4	Information given about side effects	VS	S	U	D	VD	NA
5	Referrals to specialists	VS	S	U	D	VD	NA
6	Availability of a hospital bed	VS	S	U	D	VD	NA
7	Family conferences held to discuss the patient's illness	VS	S	U	D	VD	NA
8	Speed with which symptoms are treated	VS	S	U	D	VD	NA
9	Doctor's attention to patient's description of symptoms	VS	S	U	D	VD	NA
10	The way tests and treatments are performed	VS	S	U	D	VD	NA
11	Availability of doctors to the family	VS	S	U	D	VD	NA
12	Availability of nurses to the family	VS	S	U	D	VD	NA
13	Coordination of care	VS	S	U	D	VD	NA
14	Time required to make a diagnosis	VS	S	U	D	VD	NA
15	The way the family is included in treatment and care decisions	VS	S	U	D	VD	NA
16	Information given about how to manage the patient's pain	VS	S	U	D	VD	NA
17	Information given about the patient's tests	VS	S	U	D	VD	NA
18	How thorough the doctor assesses the patient's symptoms	VS	S	U	D	VD	NA
19	The way tests and treatments are followed up by the doctor	VS	S	U	D	VD	NA
20	Availability of the doctor to the patient	VS	S	U	D	VD	NA

**Additional comments:**

Please provide your contact information if you have any questions and would like us to contact you:

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_