

Instructions:

Think about the care that your family member has received on our Palliative Care Unit. Please answer the questions below indicating how satisfied you are with the care received: very satisfied (VS), satisfied (S), undecided (U), dissatisfied (D), very dissatisfied (VD), or not applicable (NA). Please circle the letters below that best match your experience. You may choose not to respond to some items. Patient” refers to your loved one who was cared for on the Palliative Care Unit. “Family” refers to you and others important to the patient.

How satisfied are you with:

1	The patient’s comfort	VS	S	U	D	VD	NA
2	The way in which the patient’s condition and likely progress have been explained by the palliative care team	VS	S	U	D	VD	NA
3	Information given about the side effects of treatment	VS	S	U	D	VD	NA
4	The way in which the palliative care team respects the patient’s dignity	VS	S	U	D	VD	NA
5	Meetings with the palliative care team to discuss the patient’s condition and plan of care	VS	S	U	D	VD	NA
6	Speed with which symptoms are treated	VS	S	U	D	VD	NA
7	Palliative care teams’ attention to the patient’s description of symptoms	VS	S	U	D	VD	NA
8	The way in which the patient’s physical needs for comfort are met	VS	S	U	D	VD	NA
9	Availability of the palliative care teams to the family	VS	S	U	D	VD	NA
10	Emotional support provided to family members by the palliative care team	VS	S	U	D	VD	NA
11	The practical assistance provided by the palliative care team (e.g., bathing, home care, respite)	VS	S	U	D	VD	NA
12	The doctor’s attention to the patient’s symptoms	VS	S	U	D	VD	NA
13	The way the family is included in treatment and care decisions	VS	S	U	D	VD	NA
14	Information given about how to manage the patient’s symptoms (e.g., pain, constipation)	VS	S	U	D	VD	NA
15	How effectively the palliative care team manages the patient’s symptoms	VS	S	U	D	VD	NA
16	The palliative care team’s response to changes in the patient’s care needs	VS	S	U	D	VD	NA
17	Emotional support provided to the patient by the palliative care team	VS	S	U	D	VD	NA

Date: _____

Confidential Comments:

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

Contact Name: _____ Contact Phone Number: _____

Date: _____

For further information about the Edmonton Zone Palliative Care Program, please visit our website at www.palliative.org or call (780) 735-7834