

Subject # : _____

**Canadian Health Care Evaluation Project
(CANHELP)**

Individualized Patient Questionnaire

- Location of interview:
- Home or Retirement Home
 - Hospital
 - Palliative Care Unit
 - Long Term Care or Nursing Home
 - Other

Date : _____ - _____ - _____
 DD MMM YYYY

Instructions:

The following questionnaire consists of a series of statements about items considered relevant in terms of quality of care for people with serious, life threatening illnesses.

Please think about the health care that you have received ***during the past month*** from doctors, nurses and other health professionals. You will be asked how important various aspects of care are to you in terms of quality of care, and also how satisfied you are with the care you yourself received.

For each statement you will be asked to choose a number to indicate how important you regard that particular aspect of care to be -- the higher the number, the more important it is. The 5 response options range from **#1 “Not at all Important”** (you do not consider that particular aspect of care important in terms of high quality care you would like receive), to **#5 “Extremely Important”** (you consider that aspect of care essential in terms of the care you would like to receive).

As well, you will be asked to choose a number to indicate how satisfied you are with that aspect of care you received ***during the past month*** -- the higher the number, the more satisfied you are. If you choose option #1 **“Not at all Satisfied”**, for example, you will be indicating that this aspect of the care you received did not meet any of your expectations of high quality care. At the other end of the scale, your choice of option #5 **“Completely Satisfied”** will indicate that this aspect of the care you received met or exceeded your expectations of quality care.

All answers are confidential and will not be shown to doctors or other health care professionals who are responsible for your care. There are no right or wrong answers.
Completely honest answers are most helpful!

For each item, during the past month: How <u>important</u> is this aspect of care? How <u>satisfied</u> are you with the care you have received?	Importance					Satisfaction				
	Not at all Important	Not very Important	Somewhat Important	Very Important	Extremely Important	Not at all Satisfied	Not very Satisfied	Somewhat Satisfied	Very Satisfied	Completely Satisfied
	1	2	3	4	5	1	2	3	4	5
Relationship with the Doctors										
1. You knew the doctor in charge of your care.										
2. Your doctor took a personal interest in you and your medical problems.										
3. Your doctor was available when you need him or her (by phone or in person).										
4. You had trust and confidence in the <u>doctors</u> responsible for your care.										
Illness Management										
5. You had trust and confidence in the <u>nurses</u> responsible for your care.										
6. The doctors and nurses who looked after you knew enough about your health problems to give you the best possible care.										
7. The doctors and nurses who looked after you were compassionate and supportive.										
8. You were treated by those doctors and nurses in a manner that preserved your sense of dignity.										
9. You received timely and thorough tests and treatments for your health problems.										
10. Your physical symptoms such as pain, shortness of breath, and nausea were relieved.										
11. Your emotional problems such as depression and anxiety were relieved.										
12. Someone was available to help you with your personal care such as bathing, toileting, dressing and eating when needed.										

For each item, during the past month: How <u>important</u> is this aspect of care? How <u>satisfied</u> are you with the care you have received?	Importance					Satisfaction				
	Not at all Important	Not very Important	Somewhat Important	Very Important	Extremely Important	Not at all Satisfied	Not very Satisfied	Somewhat Satisfied	Very Satisfied	Completely Satisfied
	1	2	3	4	5	1	2	3	4	5
13. You received good care when a family member or friend was not able to be with you.										
14. There were services available to look after your health care needs at home.										
15. Health care workers worked together as a team to look after you.										
16. You were able to manage the financial costs associated with your illness.										
17. The environment or surroundings in which you were cared for were calm and restful.										
18. The care and treatment you received was consistent with your wishes.										
Communication										
19. The doctors explained things relating to your illness in a straightforward, <u>honest</u> manner.										
20. The doctors explained things relating to your illness in a way you can <u>understand</u> .										
21. You received <u>consistent</u> information about your condition from all doctors and nurses looking after you.										
22. The doctors listened to what you had to say.										
23. You received updates about your condition, treatments, tests results, etc. <u>in a timely manner</u> .										
Decision Making										
24. You discussed options with your doctor(s) about where you would be cared for (in hospital, at home, or elsewhere) if you were to get worse.										

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	Not at all Important	Not very Important	Somewhat Important	Very Important	Extremely Important	Not at all Satisfied	Not very Satisfied	Somewhat Satisfied	Very Satisfied	Completely Satisfied
	1	2	3	4	5	1	2	3	4	5
25. You discussed options with your doctor(s) about the use of life sustaining technologies (for example: CPR or cardiopulmonary resuscitation, breathing machines, dialysis).										
26. You understand what to expect in the end stage of your illness (for example, in terms of symptoms and comfort measures).										
27. You participated in decisions made regarding your medical care.										
Role of the Family										
28. You felt confident in <u>the ability of a family member or friend</u> to help you manage your illness at home.										
29. You discussed your wishes for future care with a family member (someone who would make decisions for you) in the event you become unable to make those decisions yourself.										
30. You were comfortable talking about your illness, dying and death with the people you care about.										
31. Your relationships with family and others you care about were strengthened.										
32. You felt you were not a burden on your family or others you care about.										
33. You had family or friends to support you when you felt lonely or isolated.										
Your Well Being										
34. You felt confident in <u>your own ability</u> to manage your illness at home.										
35. You were able to contribute to others in a meaningful way.										

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	Not at all Important	Not very Important	Somewhat Important	Very Important	Extremely Important	Not at all Satisfied	Not very Satisfied	Somewhat Satisfied	Very Satisfied	Completely Satisfied
	1	2	3	4	5	1	2	3	4	5
36. You did the special things you wanted to do (for example: resolved conflicts, completed projects, participated in special family events, travel).										
37. You were at peace.										