

Subject # : \_\_\_\_\_

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

Date : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
          DD          MMM          YYYY

**Instructions:**

The following questionnaire includes items that are considered important 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 care professionals. For each question you will be asked to choose a number between 1 and 5 to indicate how satisfied you are with that particular aspect of care -- 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!**

**The following questions concern the care you received during the past month.  
For each one, please indicate the degree to which you are satisfied.**

1. In general, how satisfied are you with the quality of care you received *during the past month*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

***Relationship with the Doctors***

2. How satisfied are you that you knew the doctor(s) in charge of your care *during the past month*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

3. How satisfied are you that your doctor(s) took a personal interest in you *during the past month*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

4. How satisfied are you that your doctor(s) were available when you needed them (by phone or in person) *during the past month*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

5. How satisfied are you with the level of trust and confidence you had in the doctor(s) who looked after you *during the past month*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

***Illness Management***

6. How satisfied are you with the level of trust and confidence you had in the nurses who looked after you *during the past month*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

7. How satisfied are you that the doctors and nurses who looked after you *during the past month* knew enough about your health problems to give you the best possible care?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

8. How satisfied are you that the doctors and nurses looking after you *during the past month* were compassionate and supportive?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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9. How satisfied are you that you were treated by those doctors and nurses in a manner that preserved your sense of dignity *during the past month*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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10. How satisfied are you with the tests that were done and the treatments that were given *during the past month* for your medical problems?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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11. How satisfied are you that physical symptoms you had *during the past month* (for example: pain, shortness of breath, nausea) were adequately assessed and controlled?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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12. How satisfied are you that emotional problems you had *during the past month* (for example: depression, anxiety) were adequately assessed and controlled?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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13. How satisfied are you with the help you received with personal care *during the past month* (for example: bathing, toileting, dressing, eating)?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5	Not Applicable No Help Needed 6
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14. How satisfied are you that, during the past month, you received good care when a family member or friend was not able to be with you?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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15. How satisfied are you with the home care services you received *during the past month*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5	Not Applicable. No home care needed 6
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16. How satisfied are you that health care workers worked together as a team to look after you *during the past month*?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

17. How satisfied are you that you were able to manage the financial costs associated with your illness *during the past month*?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

18. How satisfied are you with the environment or the surroundings in which you were cared for *during the past month*?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

19. How satisfied are you that the care and treatment you received *during the past month* was consistent with your wishes?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

**Communication**

20. How satisfied are you that the doctor(s) explained things relating to your illness in a straightforward, honest manner *during the past month*?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

21. How satisfied are you that the doctor(s) explained things relating to your illness in a way you could understand *during the past month*?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

22. How satisfied are you that you received consistent information about your condition from all doctors and nurses looking after you *during the past month*?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

23. How satisfied are you that the doctor(s) listened to what you had to say *during the past month*?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

24. How satisfied are you that you received updates about your condition, treatments, test results, etc. in a timely manner *during the past month*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

***Decision Making***

25. How satisfied are you with discussions *during the past month* with your doctor(s) about where you would be cared for (in hospital, at home, or elsewhere) if you were to get worse?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

26. How satisfied are you with discussions *during the past month* with your doctor(s) about the use of life sustaining technologies (for example: CPR or cardiopulmonary resuscitation, breathing machines, dialysis)?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

27. How satisfied are you that, *during the past month*, you have come to understand what to expect in the end stage of your illness (for example: in terms of symptoms and comfort measures)?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

28. How satisfied are you with your role *during the past month* in decision making regarding your medical care?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

***Role of the Family***

29. How satisfied are you with the level of confidence you felt *during the past month* in the ability of a family member or friend to help you manage your illness?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

30. How satisfied are you with discussions *during the past month*, involving a family member or someone who would make decisions for you, about your wishes for future care in the event you yourself are unable to make those decisions?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

31. How satisfied are you that you were able *during the past month* to talk comfortably about your illness, dying, and death with the people you care about?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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32. How satisfied are you that your relationships with family members and others you care about were strengthened *during the past month*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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33. How satisfied are you that *during the past month* you were not a burden on your family or others you care about?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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34. How satisfied are you that you had family or friends to support you when you felt lonely or isolated *during the past month*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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***Your Well Being***

35. How satisfied are you with the level of confidence you felt *during the past month* in your own ability to manage your illness?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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36. How satisfied are you that you were able *during the past month* to contribute to others in a meaningful way?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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37. How satisfied are you that you did special things you wanted to do *during the past month* (for example: resolve conflicts, complete projects, participate in special family events, travel)?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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38. How satisfied are you that you were at peace *during the past month*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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