

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

**Canadian Health Care Evaluation Project  
(CANHELP) Lite  
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. We are interested in the care you received since the last time you completed the CANHELP Lite satisfaction with care survey when you were in hospital.

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 please fill in the circle beside the answer that indicates how satisfied you are with that particular aspect of care. If you choose **“Not at all”**, 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 **“Completely”** will indicate that this aspect of the care you received met or exceeded your expectations of quality care.

The overall goal of this questionnaire is to inform the health care team of things they can do to improve care for patients like you. 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. Please fill in the appropriate circle that best reflects your answer.**

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

Not At All  Not Very  Somewhat  Very  Completely

***Relationship with the Doctors***

2. How satisfied are you that your doctor(s) took a personal interest in you?

Not At All  Not Very  Somewhat  Very  Completely

3. How satisfied are you that your doctor(s) were available when you needed them (by phone or in person)?

Not At All  Not Very  Somewhat  Very  Completely

4. How satisfied are you with the level of trust and confidence you had in the doctor(s) who looked after you?

Not At All  Not Very  Somewhat  Very  Completely

***Illness Management***

5. How satisfied are you that the doctors, nurses, and other health care professionals who looked after you knew enough about your health problems to give you the best possible care?

Not At All  Not Very  Somewhat  Very  Completely

6. How satisfied are you that you were treated by those doctors, nurses, and other health care professionals in a manner that preserved your sense of dignity?

Not At All  Not Very  Somewhat  Very  Completely

7. How satisfied are you that physical symptoms you had (for example: pain, shortness of breath, nausea) were adequately assessed and controlled?

Not At All  Not Very  Somewhat  Very  Completely

8. How satisfied are you that emotional problems you had (for example: depression, anxiety) were adequately assessed and controlled?

Not At All  Not Very  Somewhat  Very  Completely

9. How satisfied are you with the help you received with personal care (for example: bathing, toileting, dressing, eating)?

Not At All  Not Very  Somewhat  Very  Completely  Not Applicable

10. How satisfied are you that you received good care when a family member or friend was not able to be with you?

Not At All  Not Very  Somewhat  Very  Completely

11. How satisfied are you that you were able to manage the financial costs associated with your illness?

Not At All  Not Very  Somewhat  Very  Completely

12. How satisfied are you with the environment or the surroundings in which you were cared for?

Not At All  Not Very  Somewhat  Very  Completely

13. How satisfied are you that the care and treatment you received was consistent with your wishes?

Not At All  Not Very  Somewhat  Very  Completely

**Communication**

14. How satisfied are you that the doctor(s) explained things relating to your illness in a straight-forward, honest manner?

Not At All  Not Very  Somewhat  Very  Completely

15. How satisfied are you that you received consistent information about your condition from all doctors and nurses looking after you?

Not At All  Not Very  Somewhat  Very  Completely

16. How satisfied are you that the doctor(s) listened to what you had to say?

Not At All  Not Very  Somewhat  Very  Completely

**Decision Making**

17. How satisfied are you with discussions with your doctor(s) about where you would be cared for (in hospital, at home, or elsewhere) if your condition worsened?

Not At All  Not Very  Somewhat  Very  Completely

18. How satisfied are you with discussions 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

19. How satisfied are you with your role in decision making regarding your medical care?

Not At All  Not Very  Somewhat  Very  Completely

20. How satisfied are you with discussions with 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

**Feeling at Peace**

21. How satisfied are you that you were at peace?

Not At All  Not Very  Somewhat  Very  Completely