

Subject # : _____

**Canadian Health Care Evaluation Project
(CANHELP) Lite
Bereavement Questionnaire**

Date : _____ - _____ - _____
 DD MMM YYYY

Instructions:

We understand this is a difficult time for you and we appreciate your consideration and time to complete this questionnaire concerning the care your relative received since the last time you (or your relative) completed the CANHELP Lite satisfaction survey in the hospital. This questionnaire contains a list of items that are considered important in terms of quality end-of-life care.

Please think about the health care that you and your relative received during the last month of their life in hospital or home from the doctors, nurses and other health 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 your relative and 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 your relative 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 your relative and you. All answers are confidential and will not be shown to doctors or other health care professionals who were responsible for your relative’s care. There are no right or wrong answers.

Completely honest answers are most helpful!

When completed please insert into the stamped, self-addressed envelope provided and mail it back to us.

Thank you so much for completing this survey, as it will help us identify ways to improve care for patients and families like you.

Location of Terminal Care

Before we begin with the formal part of the questionnaire, we would be grateful if you could provide some background information from your experience.

1. Where did your relative die?

- Hospital Ward
- Intensive Care Unit
- Palliative Care Unit
- Residential Hospice
- Home or Retirement Home (or family member home)
- Long Term/Chronic Care Facility
- Other (name) _____

2. In your opinion, was this your relative's preferred location of death?

- Yes No

If **No**, where would your relative have preferred to die?

- Hospital Ward
- Intensive Care Unit
- Palliative Care Unit
- Residential Hospice
- Home or Retirement Home (or family member home)
- Long Term/Chronic Care Facility
- Other (name) _____

3. Was this your preferred location for your relative's death?

- Yes No

If **No**, where would you have preferred your relative to die?

- Hospital Ward
- Intensive Care Unit
- Palliative Care Unit
- Residential Hospice
- Home or Retirement Home (or family member home)
- Long Term/Chronic Care Facility
- Other (name) _____

The following questions concern the care your relative received in the last month of his or her life.

For each one, please indicate the degree to which you are satisfied.

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

Not At All Not Very Somewhat Very Completely

2. In general, how satisfied are you with the way you were treated by the doctors and nurses looking after your relative?

Not At All Not Very Somewhat Very Completely

Relationship with the Doctors

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

Not At All Not Very Somewhat Very Completely

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

Not At All Not Very Somewhat Very Completely

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

Not At All Not Very Somewhat Very Completely

Characteristics of the Doctors and Nurses

6. How satisfied are you that the doctors, nurses, and other health care professionals who looked after your relative were compassionate and supportive of him or her?

Not At All Not Very Somewhat Very Completely

7. How satisfied are you that the doctors, nurses, and other health care professionals who looked after your relative were compassionate and supportive of you?

Not At All Not Very Somewhat Very Completely

Illness Management

8. How satisfied are you with the tests that were done and the treatments that were given for your relative's medical problems?

Not At All Not Very Somewhat Very Completely

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

Not At All Not Very Somewhat Very Completely

10. How satisfied are you that emotional problems (for example: depression, anxiety) your relative had were adequately controlled?

Not At All Not Very Somewhat Very Completely

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

Not At All Not Very Somewhat Very Completely Not Applicable

12. How satisfied are you that your relative received good care when you were not able to be with him/ her?

Not At All Not Very Somewhat Very Completely

13. How satisfied are you that health care workers worked together as a team to look after your relative?

Not At All Not Very Somewhat Very Completely

14. How satisfied are you that you were able to manage the financial costs associated with your relative's illness?

Not At All Not Very Somewhat Very Completely

15. How satisfied are you with the environment or the surroundings where your relative was cared for?

Not At All Not Very Somewhat Very Completely

16. How satisfied are you that the care and treatment your relative received was consistent with his or her wishes?

Not At All Not Very Somewhat Very Completely

Communication and Decision Making

17. How satisfied are you that the doctor(s) explained things to you relating to your relative's illness in an honest manner?

Not At All Not Very Somewhat Very Completely

18. How satisfied are you that you received consistent information about your relative's condition from all the doctors and nurses looking after him or her?

Not At All Not Very Somewhat Very Completely

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

Not At All Not Very Somewhat Very Completely

20. How satisfied are you with discussions with the doctor(s) about where your relative would be cared for (in hospital, at home, or elsewhere) or when her/his condition got worse?

Not At All Not Very Somewhat Very Completely

Your Involvement

21. How satisfied are you with discussions with the 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

22. How satisfied are you with your role in decision-making regarding your relative's medical care?

Not At All Not Very Somewhat Very Completely

23. How satisfied are you with discussions with your relative about wishes for future care in the event he or she was unable to make those decisions?

Not At All Not Very Somewhat Very Completely

24. How satisfied are you that you came to understand what was expected at the end stage of your relative's illness (for example: in terms of symptoms and comfort measures)?

Not At All

Not Very

Somewhat

Very

Completely