

Subject # : _____

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

We are interested in improving the care that we are providing our patients and therefore would like to hear your views on the care you are receiving .The following questionnaire focuses on items that are considered important in terms of quality of care for people with serious, life threatening illnesses.

Each question addresses a different aspect of care. First you will be asked how important that aspect of care is to you. If you choose #1 **“Not at all Important”**, for example, you will be indicating that this aspect of care is one of the least important to you. At the other end of the scale, your choice of #5 **“Extremely Important”** will indicate that this aspect is, in your opinion, one of the most important aspects of the care.

Next, we will ask you how satisfied you are with the provision of that particular aspect of care by doctors, nurses, and other healthcare professionals who have cared for you ***during the last month***. If you choose #1 **“Not at all Satisfied”**, for example, you will be indicating that this aspect of care did not meet any of your expectations. At the other end of the scale, your choice of #5 **“Completely Satisfied”** will indicate that this aspect of the care met or exceeded your expectations.

Your answers will be used to generate a report that identifies the things you say are most important and the things with which you are the least satisfied. This information will help the health care team to work with you to provide better quality care to you and your family. **Completely honest answers are most helpful!**

In the past month...	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
How important is this aspect of care? How satisfied are you with the care you have received?	1	2	3	4	5	1	2	3	4	5
Relationship with the Doctors										
1. The doctor(s) took a personal interest in you.										
2. The doctor(s) were available when you needed them (by phone or in person).										
3. You have trust and confidence in the doctor(s) who looked after you.										
Illness Management										
4. The <u>doctors, nurses, and other health care professionals</u> who looked after you knew enough about your health problems to give you the best possible care.										
5. You were treated by <u>doctors, nurses, and other health care professionals</u> in a manner that preserved your sense of dignity.										
6. Your physical symptoms (for example: pain, shortness of breath, nausea) were adequately assessed and controlled.										
7. Your emotional problems (for example: depression, anxiety) were adequately assessed and controlled.										
8. You received help with personal care (for example: bathing, toileting, dressing, eating) when needed.										
9. You received good care when a family member was not able to be with you.										
10. You were able to manage the financial costs associated with your illness.										
11. The environment or the surroundings in which you received care were calm and restful.										

In the past month...	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
How important is this aspect of care? How satisfied are you with the care you have received?	1	2	3	4	5	1	2	3	4	5
12. The care and treatment you received were consistent with your wishes.										
Communication										
13. The doctor(s) explained things relating to your illness in a straightforward, <u>honest</u> manner.										
14. You received <u>consistent</u> information about your condition from all the doctors and nurses looking after you.										
15. Your doctors <u>listened</u> to what you have to say.										
Decision Making										
16. You discussed options with your doctor(s) about where you would be cared for if you were to get worse (hospital, home, or another care setting).										
17. You discussed options with your doctor about the use of life sustaining technologies such as CPR, breathing machines, dialysis.										
18. You participated in decisions made regarding your medical care.										
19. You have had discussions with a <u>family member</u> 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.										
Feeling at Peace										
20. You were at peace.										