

Patient Experiences Survey – Patient Rated

We would like to invite you to tell us about your experiences as a palliative care patient. Your views are important, as they will help our service gain an understanding of how we can improve.

Attached is a survey we would like you to complete. All of the questions relate to how you have been feeling over the last three days and should take no longer than 15 minutes to complete.

Your participation is voluntary and will not affect the services you receive whether If you do not wish to participate in the survey.

If you complete the attached questionnaire, this will be taken as a sign of your willingness to participate. However, you may at any time stop filling in the survey if it causes you any distress.

Summary results from the survey (that will not identify you personally) will be given back to our clinical managers to assist them in continually improving the quality of services that they provide.

Palliative Care Outcomes Collaboration (PCOC) will work with our service to summarise the results of our surveys and will compare them with participating services nationally. With this in mind it is possible that the data will be published at a later date in presentations, book chapters or journals.

We appreciate your time to complete this survey. You may feel it would be easier to have someone work through these questions with you. If this is the case, please let a member of the palliative care team know.

IMPORTANT: If you feel that this questionnaire raises any concerns for you, including emotional issues, and you wish to talk to someone about this, please do not hesitate to contact a member of the palliative care team or your GP.

4. Over the past 3 days, have any of your family or friends been anxious or worried about you?

Not at all	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Sometimes – it seems to affect their concentration	<input type="checkbox"/>	Most of the time	<input type="checkbox"/>	Yes, always preoccupied with worry about me	<input type="checkbox"/>
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5. Over the past 3 days, how much information have you and your family or friends been given?

Full information – always feel free to ask what I want	<input type="checkbox"/>	Information given but hard to understand	<input type="checkbox"/>	Information given on request but would have liked more	<input type="checkbox"/>	Very little given and some questions were avoided	<input type="checkbox"/>	None at all	<input type="checkbox"/>
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6. Over the past 3 days, have you been able to share how you are feeling with family or friends?

Yes, as much as I wanted to	<input type="checkbox"/>	Most of the time	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	No, not at all with anyone	<input type="checkbox"/>
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7. Over the past 3 days, have you been feeling depressed?

No, not at all	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Most of the time	<input type="checkbox"/>	Yes, definitely	<input type="checkbox"/>
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If you have ticked 'most of the time or 'yes, definitely' for this question, please speak with your nurse or doctor at your next visit.

8. Over the past 3 days, have you felt good about yourself as a person?

Yes, all of the time	<input type="checkbox"/>	Most of the time	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	No, not at all	<input type="checkbox"/>
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9. Over the past 3 days, how much time do you feel has been wasted on appointments relating to your health care (eg, waiting around for transport or repeating tests)?

None at all Up to half a day wasted More than half a day wasted

10. Over the past 3 days, have any practical matters resulting from your illness, either financial or personal, been addressed?

Practical problems have been addressed and my affairs are as up to date as I would wish Practical problems are in the process of being addressed Practical problems exist which were not addressed I have had no practical problems

11. If any, what have been your main problems in the last 3 days?

12. How did you complete these questions?

On my own With the help of a friend or relative With help from a member of staff

If after completing these questions, you feel you would like more help with any symptoms or problems, please speak with your doctor or nurse.

This is the end of the survey.

Thank you for your time