



Patient Experiences Survey- Staff Rated

Information for the Patient/Carer

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 to complete on your behalf. All of the questions relate to how you have been feeling over the last three days.

Your participation is voluntary and will not affect the services you receive whether or not you decide to participate in the survey. Should you agree to a staff member completing this questionnaire on your behalf it will be taken as a sign of your willingness to participate.

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.

Information for Staff Completing Questionnaire

The staff rated questionnaire should be completed by a staff member for those patients unable to complete the survey but wish to participate. Staff should answer the questions based on the assessment of the patient or discussion with family/carer.

Patient experiences – staff rated version

Office Use Only
Service:
URN:
Date:

About the patient

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age	_____
Does the patient identify with a particular ethnic origin or cultural background? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please specify ethnic origin or cultural background: _____				

Please answer the following questions by ticking the box next to the answer that you think most accurately describes how the patient has been feeling.

1. Over the past 3 days, has the patient been affected by pain?

Not at all, no effect <input type="checkbox"/>	Slightly – but not bothered to be rid of it <input type="checkbox"/>	Moderately – pain limits some activity <input type="checkbox"/>	Severely – activities or concentration markedly affected <input type="checkbox"/>	Overwhelmingly – unable to think of anything else <input type="checkbox"/>
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2. Over the past 3 days, have other symptoms (eg, feeling sick, having a cough or constipation) been affecting how they feel?

Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>	Overwhelmingly <input type="checkbox"/>
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3. Over the past 3 days, has the patient been feeling anxious or worried about their illness or treatment?

Not at all <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Sometimes – affects their concentration now and then <input type="checkbox"/>	Most of the time – often affects their concentration <input type="checkbox"/>	Patient does not seem to think of anything else - completely pre-occupied by worry and anxiety <input type="checkbox"/>
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4. Over the past 3 days, have any of their family or friends been anxious or worried about the patient?

Not at all Occasionally Sometimes – it seems to affect their concentration Most of the time Yes, they are always preoccupied with worry

5. Over the past 3 days, how much information has been given to the patient and their family or friends?

Full information – patient feels free to ask Information given but not always understood by patient Information given on request – patient would have liked more Very little given and some questions have been avoided None at all

6. Over the past 3 days, has the patient been able to share how they are feeling with family or friends?

Yes, as much as they wanted to Most of the time Sometimes Occasionally No, not at all with anyone

7. Over the past 3 days, do you think that the patient has been feeling depressed?

No, not at all Occasionally Sometimes Most of the time Yes, definitely

8. Over the past 3 days, do you think they have felt good about themselves?

Yes, all of the time Most of the time Sometimes Occasionally No, not at all

9. Over the past 3 days, how much time do you feel has been wasted on appointments relating to the health care of the patient (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 their illness, either financial or personal, been addressed?

Practical problems have been addressed and their affairs are as up to date as they would wish Practical problems are in the process of being addressed Practical problems exist which were not addressed The patient has had no practical problems

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

12. How did you complete these questions?

In/after discussion with the patient In/after discussion with the patient's family or carer

13. Why did you complete these questions?

Patient unable to complete own version due to poor physical health Patient unable to complete own version due to cognitive or language / literacy problem Patient unwilling to complete own version

This is the end of the survey. Thank you for your time