

## QUALITY OF END-OF-LIFE CARE: QUESTIONNAIRE FOR PATIENTS

In this questionnaire, we are interested in how well your clinician provides care to you. Think about all the care you have received from this clinician.

Please rate your clinician on each of the following questions using a scale from 0 (“Poor”) to 10 (“Absolutely Perfect”). The middle of the scale with the value of “5” indicates “Very Good.”

Circle ONE number for each question. If you are unable to rate your clinician on a question or if a question does not apply to you, circle the letters “NA” to indicate that this question does not apply.

Rate your clinician, doctor or nurse practitioner on each of the following: (Please circle one number for each question.)

	<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>Poor</span> <span>Very Good</span> <span>Absolutely Perfect</span> </div>											Does not apply
1. Gives bad news in a sensitive way...	0	1	2	3	4	5	6	7	8	9	10	NA
2. Responsive to your emotional needs...	0	1	2	3	4	5	6	7	8	9	10	NA
3. Gives enough detailed information so you understand your illness and treatment...	0	1	2	3	4	5	6	7	8	9	10	NA
4. Respects and uses the expertise of nurses, social workers and other non-physician team members...	0	1	2	3	4	5	6	7	8	9	10	NA
5. Helps you and your family get consistent information from the entire healthcare team...	0	1	2	3	4	5	6	7	8	9	10	NA
6. Takes into account your wishes when treating pain and symptoms...	0	1	2	3	4	5	6	7	8	9	10	NA
7. Treats the whole person, not just the disease...	0	1	2	3	4	5	6	7	8	9	10	NA
8. Considers your social situation when making treatment plans...	0	1	2	3	4	5	6	7	8	9	10	NA

9. Knows when to stop treatments that are no longer helpful...	0	1	2	3	4	5	6	7	8	9	10	NA
10. Acknowledges and respects your personal beliefs...	0	1	2	3	4	5	6	7	8	9	10	NA
11. Ensures that he/she is accessible to you and your family in a timely manner...	0	1	2	3	4	5	6	7	8	9	10	NA

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