QUALITY OF END-OF-LIFE CARE: QUESTIONNAIRE FOR NURSES

In this questionnaire, we are interested in the care your patient received from his or her doctor or nurse practitioner.

Please rate this 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 this doctor or nurse practitioner on a question or if a question does not apply, circle the letters "NA" to indicate that this question does not apply.

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

		Poor			Very Good						Abso P	Does not apply	
1. List	ens to the patient	0	1	2	3	4	5	6	7	8	9	10	NA
info unc	es enough detailed ormation so that the patient derstands his/her illness and atment	0	1	2	3	4	5	6	7	8	9	10	NA
ava	kes sure someone is ailable to help when the ctor is not available…	0	1	2	3	4	5	6	7	8	9	10	NA
exp wor	spects and uses the pertise of nurses, social rkers and other non- vsician team members	0	1	2	3	4	5	6	7	8	9	10	NA
pati	tes into account the ient's wishes when treating n and symptoms	0	1	2	3	4	5	6	7	8	9	10	NA
doc	nits when he/she (the ctor) does not know nething…	0	1	2	3	4	5	6	7	8	9	10	NA
	ats the whole person, not t the disease…	0	1	2	3	4	5	6	7	8	9	10	NA

8. Provides treatment options and advice about medical care	0	1	2	3	4	5	6	7	8	9	10	NA
 Openly and willingly communicates with the patient's family 	0	1	2	3	4	5	6	7	8	9	10	NA
10. Acknowledges and respects the patient's personal beliefs	0	1	2	3	4	5	6	7	8	9	10	NA
11. Ensures that he/she (the doctor) is accessible in a timely manner	0	1	2	3	4	5	6	7	8	9	10	NA

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