

APPENDIX 31

SAMPLE

Palliative Care Satisfaction Survey

Instructions: We care about your opinions and want to know how satisfied you are with Palliative Care services. We are seeking your opinions, as parents or caregivers. Please tell us whether each statement reflects your actual experience, by **marking** the box that best reflects your opinion.

<i>How satisfied are you with ...</i>	Very Satisfied	Generally Satisfied	Not Satisfied	N/A
The way your child's medical care is coordinated?				
The way your child's other care is coordinated?				
Knowing who to contact for various services?				
Your ability to schedule urgent medical appointments?				
The time to get an urgent medical appointment?				
The time to get a routine medical appointment?				
Communication with your doctors?				
Explanations of medical procedures and treatment options?				
Getting medication for your child?				
Symptom management for your child? (pain control, nausea, bowel/bladder, physical issues)				
The physician's knowledge of your child's illness?				
The nurse's knowledge of your child's care?				
The therapist's (OT, PT, Speech, other) knowledge of your child's care?				
How administrative staff personnel treated you?				
Ability to obtain answers to questions regarding your child's care and services?				
Ability to participate in decisions regarding your child's medical treatment plan?				
Ability to participate in decisions regarding your child's non-medical services?				
Goals set for your child's care?				
Quality of your child's life during their illness?				
Support to meet your family's spiritual needs?				
Your ability to access resources to support your child's and family needs during you child's illness?				
Information provided to you to prepare for end of life ?				
Support provided to address your military needs?				
Ability to balance your responsibility to the military while caring for your child?				

Please flip the survey over for page 2 ➡

SAMPLE

Instructions: We are interested in your experience with accessing resources to support your child's care. We want to know if you received adequate information about resources available. Please circle 'yes' or 'no' if you received adequate information; and whether the resource was helpful. Mark the "not applicable" box if you did not ask for assistance in a specific area.

<i>If needed information about the resources below and did you find the resource helpful?</i>	Got Information?	Not Applicable	Resource Helpful?
Care coordination/ Case Management	Yes/No		Yes/No
Primary care physician	Yes/No		Yes/No
Specialty care physician	Yes/No		Yes/No
Medical equipment and supplies	Yes/No		Yes/No
Adaptive Equipment	Yes/No		Yes/No
Nursing services	Yes/No		Yes/No
Therapy services such as occupational, physical or speech	Yes/No		Yes/No
Chaplain services / Spiritual Counseling	Yes/No		Yes/No
Nutritional services	Yes/No		Yes/No
Age 0 – 3 year services for early intervention	Yes/No		Yes/No
School Program issues due to your child's illness	Yes/No		Yes/No
Recreation and camps for your child	Yes/No		Yes/No
Transportation issues to medical appointments	Yes/No		Yes/No
Expressive therapies (music, art, play, etc)	Yes/No		Yes/No
Educational information for you	Yes/No		Yes/No
Financial concerns or funding needs	Yes/No		Yes/No
Respite care	Yes/No		Yes/No
Emotional Support for your child/ adolescent	Yes/No		Yes/No
Emotional Support for parents	Yes/No		Yes/No
Emotional Support for siblings	Yes/No		Yes/No
Bereavement/Grief Counseling	Yes/No		Yes/No
Future planning needs	Yes/No		Yes/No
Funeral related concerns	Yes/No		Yes/No
Hospice services	Yes/No		Yes/No

Please indicate where your child's healthcare is provided. ____ MTF ____ Civilian ____ Both

Comments regarding the above questions, or any other concerns? Would you like us to call? If so, please provide your name and phone number.

Name: _____ Phone: _____

Please use the enclosed envelope to return your survey.

Thank you for taking the time to fill out this survey.