

****Brief Modified City of Hope Patient Questionnaire**

July 2003

Please answer the following questions **based on your life at this time**. Circle the number from 0– 10 that best describes your experiences:

1. To what extent are the following physical symptoms a problem for you:

◆ **Fatigue**

No problem 0 1 2 3 4 5 6 7 8 9 10 *Severe problem*

◆ **Intestinal problems of constipation or diarrhea**

No problem 0 1 2 3 4 5 6 7 8 9 10 *Severe problem*

◆ **Nausea**

No problem 0 1 2 3 4 5 6 7 8 9 10 *Severe problem*

◆ **Shortness of breath or difficulty breathing**

No problem 0 1 2 3 4 5 6 7 8 9 10 *Severe problem*

◆ **Aches or pain**

No problem 0 1 2 3 4 5 6 7 8 9 10 *Severe problem*

2. Please rate your current pain

No pain 0 1 2 3 4 5 6 7 8 9 10 *Worst pain you can imagine*

3. How much anxiety do you have?

None at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

4. Is it a problem obtaining adequate help for meeting your physical needs at home?

No problem 0 1 2 3 4 5 6 7 8 9 10 *Severe problem*

5. Have you been given enough information about your care and treatment choices to prepare you for your experience with care and treatments?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *Completely*

6. Do you feel that you have appropriate control over your care choices and health care experiences?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *Completely*

7. Do you have enough access to professional counselors or support groups or are you put in touch with others who have similar experiences?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

8. Have you been given a choice to have chaplains or others to pray with and for you or to say no to their praying with or for you?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

9. Do people consistently follow through on your care wishes?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

10. Do you feel caring, respect, and genuine presence from your doctors, nurses, and other health care providers?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

11. Is your doctors' communication with you easy to understand and consistent?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

12. Is your nurses' and other health care professionals' communication with you easy to understand and consistent?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

13. Do you feel your doctor(s) are available for you as you need them

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

14. Do you feel nurses and other professionals are available for you as you need them

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

15. Do you feel supported by your doctors if you looked for second opinions and other care choices?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

16. Do your doctor(s) provide you the opportunity to discuss possible death?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

17. Do your nurses, and others provide you the opportunity to discuss possible death?

Not at all 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

18. Please rate your overall experience with the quality of your health services

Very inconsistent 0 1 2 3 4 5 6 7 8 9 10 *Consistently high*

Please share other comments about your experience

Information About You

Please complete the following questions about you. This information will be kept strictly confidential.

Age _____

Gender: ___ Male ___ Female

Diagnosis or illness that seems to be life – threatening:

Race/Ethnicity

- ___ White/Caucasian
- ___ Black/African American
- ___ Asian or Pacific Islander
- ___ Hispanic
- ___ Native American
- ___ Other

Current Living Arrangements:

- ___ Living alone at home
- ___ Home with family / friends
- ___ Living with family / friends in their home
- ___ Assisted Living
- ___ Nursing Home

Health Services you are receiving:

- ___ Home Health
- ___ Hospice
- ___ Parish Nurse
- ___ Church based ministries, e.g. Stephen Ministries
- ___ Visiting Nurse
- ___ Other (specify): _____

Please call me about my care or this questionnaire ___yes___no
Date Questionnaires completed _____ I.D. number _____