

	<p><u>How satisfied were you with the way (name) was treated?</u></p> <p>* ES: Extremely Satisfied VS: Very Satisfied S: Satisfied SS: Somewhat Satisfied NS: Not Satisfied NA: Not Applicable</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<p><u>How satisfied were you with the way your family was treated?</u></p> <p>* ES: Extremely Satisfied VS: Very Satisfied S: Satisfied SS: Somewhat Satisfied NS: Not Satisfied NA: Not Applicable</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Teamwork	<p><u>How satisfied were you with the way the staff worked together to provide care?</u></p> <p>* ES: Extremely Satisfied VS: Very Satisfied S: Satisfied SS: Somewhat Satisfied NS: Not Satisfied NA: Not Applicable</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Communication	<p><u>How satisfied were you with the amount of information given to you and (name)?</u></p> <p>* ES: Extremely Satisfied VS: Very Satisfied S: Satisfied SS: Somewhat Satisfied NS: Not Satisfied NA: Not Applicable</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clinical	<p><u>How satisfied were you with the management of his/her pain?</u></p> <p>* ES: Extremely Satisfied VS: Very Satisfied S: Satisfied SS: Somewhat Satisfied NS: Not Satisfied NA: Not Applicable</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Decision-Making	<p><u>Did (name) want to be involved in decisions about his/her care?</u></p> <p><u>Do you think his/her wishes were respected?</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Spiritual	<p><u>Were (name) religious and spiritual needs met?</u></p> <p><u>Were your religious and spiritual needs met?</u></p> <p><u>Is there anything more we could have done?</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Overall Rating	<p><u>In general, how satisfied were you with the end of life care at Santa Clara Valley Medical Center?</u></p> <p>* ES: Extremely Satisfied VS: Very Satisfied S: Satisfied SS: Somewhat Satisfied NS: Not Satisfied NA: Not Applicable</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><i>Is there anything we could have done better or that you'd like to tell us? Do you have any questions or concerns?^</i></p>		

Comments:

Referral to: _____

Interviewer: _____ Date: _____ 3/22/06