Care Experience Survey for PATIENTS with Serious Illnesses

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Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

Please think about the care you have been receiving in the **past 3 months** related to your lung cancer:

		Always	Usually	Sometimes	Never	Not Sure
1	How often has the team alleviated your **pain or discomfort** in a **reasonable amount of time**?	StaffAlleviatedPain 1	2	3	4	5
2	How often have your doctors and other staff lessened the burden of your illness on you and your family?	LessenedBurden 1	2	3	4	5
3	Now, how about your experience with the doctors and other staff such as nurses, social workers, and others. How often did you feel the team **worked well together** to take care of you?	WorkedWellTogether 1	2	3	4	5
4	How often did doctors and other staff listen to you and/or your family?	StaffListen 1	2	3	4	5
5	How often did doctors and other staff answer yours and/or your family's questions?	StaffAnswerQuestions 1	2	3	4	5
6	How often have your doctors and other staff explained to you about what to expect from your illness?	StaffExplainIllness 1	2	3	4	5

		A great deal	Quite a bit	Somewhat	Not at all	Not Sure
7	How much did the doctors and other staff help you and/or your family with the things that worry you the most?	StaffHelpWithWorry 1	2	3	4	5
8	This question is about what would happen if you could not make decisions about things for yourself anymore. How much did your doctor or your doctor's team help you and your family decide what you might do if you became very sick and couldn't make decisions for yourself anymore?	CareTeamHelpDecisions 1	2	3	4	5

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CarBITS.dbo.NursePatientExpSurvey (vNursePatientExpSurvey)