Care Experience Survey for CAREGIVERS of 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 your family member has been receiving in the **past 3 months** related to his/her lung cancer.

		Always	Usually	Sometimes	Never	Not Sure
1	How often have doctors and other staff alleviated his/her **pain or discomfort** in a **reasonable amount of time**?	AlleviatedPain 1	2	3	4	5
2	How often have his/her doctors and other staff lessened the burden of his/her illness on him/her and the family?	LessenedBurden 1	2	3	4	5
3	Now, how about his/her experience with the doctors and other staff such as nurses, social workers, and others. How often did you feel they **worked well together** to take care of him/her?	WorkedWellTogether 1	2	3	4	5
4	How often did doctors and other staff listen to him/her and/or the family?	Listen 1	2	3	4	5
5	How often did doctors and other staff answer questions from him/her or the family?	AnswerQuestions 1	2	3	4	5
6	How often have his/her doctors and other staff explained to him/her and/or the family about what to expect from his/her illness?	ExplainIllness 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 him/her and/or the family with the things that worry him/her the most?	HelpWithWorry 1	2	3	4	5
8	This question is about what would happen if he/she could not make decisions about things for him/herself anymore. How much did the care team help him/her and the family decide what you might do if he/she became very sick and couldn't make decisions for him/herself anymore?	CareTeamDecisions 1	2	3	4	5

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CarBITS.dbo.NurseCareExpSurvey (vNurseCareExpSurvey)