

Serious Illness Survey for Home-Based Programs

Abridged Mail Survey

The Serious Illness Survey for Home-Based Programs assesses the experiences of patients who receive care from programs that provide serious illness care in patients' homes. Access the complete set of survey resources, including guidance on administration, sampling, and analysis, at www.rand.org/Serious-Illness-Survey. For more information, contact seriousillness@rand.org.

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For more information on this publication, visit www.rand.org/t/TLA1547-1.

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Survey of Care

Please answer the survey questions about the care you receive from:

| |
|--------------|
| PROGRAM NAME |
|--------------|

All of the questions in this survey will ask about your care from this program. If you need to, you can ask a family member or friend for help with this survey or ask them to complete the survey for you.

If you are completing this survey for the patient, please remember that survey questions refer to the patient's care. Unless a question says otherwise, please do not consider your own experiences in the answers you provide.

Survey Instructions

- Use a dark colored pen to fill out the survey.
- Answer questions by putting an "X" in the box to the left of your answer, like this:
 - Yes
 - No

Please return the completed survey in the postage paid envelope to:

[MAILING ADDRESS]

Your Care from This Program

People from this program may take your blood pressure, review your medicines, or talk with you about your symptoms. Visits with this program can be in your home, by video, or by phone.

As you answer the questions in this survey, please think only about the care you get from:

PROGRAM NAME

1. If you see or talk to only one person from this program, think about that person when the question says people from this program.

In the last 3 months, how often did people from this program spend enough time with you?

- Never
- Sometimes
- Usually
- Always

2. In the last 3 months, how often did people from this program explain things to you in a way you could understand?

- Never
- Sometimes
- Usually
- Always

3. In the last 3 months, how often did people from this program listen carefully to you?

- Never
- Sometimes
- Usually
- Always

4. In the last 3 months, how often did you feel that people from this program cared about you as a whole person?

- Never
- Sometimes
- Usually
- Always

5. In the last 3 months, how often did you feel heard and understood by people from this program?

- Never
- Sometimes
- Usually
- Always

6. In the last 3 months, how often did people from this program seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

7. In the last 3 months, did someone from this program talk with you about the care or treatment you get from your other doctors or health care providers?

- Yes, definitely
- Yes, somewhat
- No

8. In the last 3 months, did someone from this program talk with you about all the medicines you are taking?

- Yes, definitely
- Yes, somewhat
- No
- I do not take any medicines

9. Everyday activities include things like getting ready in the morning, getting meals, or going places in your community.

In the last 3 months, did someone from this program talk with you about how to get help with everyday activities?

- Yes, definitely
- Yes, somewhat
- No
- I did not want to talk with this program about getting help with everyday activities

Help in the Last 3 Months

10. In the last 3 months, when you contacted this program between visits for questions or help with your care, did you get the help you needed?

- Yes, definitely
- Yes, somewhat
- No
- I did not contact this program between visits for questions or help with my care

11. In the last 3 months, did you get as much help as you wanted for pain?

- Yes, definitely
- Yes, somewhat
- No
- I did not want help for my pain
- I did not have pain

12. In the last 3 months, did you get as much help as you wanted for breathing?

- Yes, definitely
- Yes, somewhat
- No
- I did not want help for my breathing
- I did not have trouble breathing

13. In the last 3 months, did you get as much help as you wanted for feelings of anxiety or sadness?

- Yes, definitely
- Yes, somewhat
- No
- I did not want help for my anxiety or sadness
- I did not have anxiety or sadness

Planning for Your Care

14. Did someone from this program ever talk with you about what you should do during a health emergency?

- Yes, definitely
- Yes, somewhat
- No

15. Did someone from this program ever talk with you about what is important in your life?

- Yes, definitely
- Yes, somewhat
- No

16. Did someone from this program ever talk with you about what your health care options would be if you got sicker?

- Yes, definitely
- Yes, somewhat
- No

17. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate your care from this program?

- 0 Worst care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best care possible

About You (The Patient)

If you are completing this survey for the patient, please remember that these questions refer to the patient.

18. In general, how would you rate your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

19. In general, how would you rate your mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

20. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

21. Did someone help you complete this survey? Please choose one or more.

- Yes, they read the questions to me
- Yes, they wrote down the answers I gave
- Yes, they answered the questions for me
- Yes, they translated the questions into my language
- Yes, they helped in some other way
- No, no one helped me complete this survey

Thank you.

Please return the completed survey in the postage paid envelope.

[MAILING ADDRESS]