

Palliative care Outcome Scale

PATIENT QUESTIONNAIRE (version 1)



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Patient name:Assessment date:

Date of birth:Assessment no:

Care setting:

Please answer the following questions by ticking the box next to the answer that is most true for you. Your answers will help us to keep improving your care and the care of others.

Thank you.

1 Over the past 3 days, have you been affected by pain?

- ☐ 0 Not at all, no effect
- ☐ 1 Slightly - but not bothered to be rid of it
- ☐ 2 Moderately - pain limits some activity
- ☐ 3 Severely - activities or concentration markedly affected
- ☐ 4 Overwhelmingly - unable to think of anything else

2 Over the past 3 days, have other symptoms e.g. nausea, coughing or constipation seemed to be affecting how you feel?

- ☐ 0 No, not at all
- ☐ 1 Slightly
- ☐ 2 Moderately
- ☐ 3 Severely
- ☐ 4 Overwhelmingly

3 Over the past 3 days, have you been feeling anxious or worried about your illness or treatment?

- ☐ 0 No, not at all
- ☐ 1 Occasionally
- ☐ 2 Sometimes - affects my concentration now and then
- ☐ 3 Most of the time - often affects my concentration
- ☐ 4 Can't think of anything else - completely pre-occupied by worry and anxiety

4 Over the past 3 days, have any of your family or friends been anxious or worried about you?

- ☐ 0 No, not at all
- ☐ 1 Occasionally
- ☐ 2 Sometimes – it seems to affect their concentration
- ☐ 3 Most of the time
- ☐ 4 Yes, always preoccupied with worry about me

5 Over the past 3 days, how much information have you and your family or friends been given?

- ☐ 0 Full information or as much as wanted – always feel free to ask
- ☐ 1 Information given but hard to understand
- ☐ 2 Information given on request but would have liked more
- ☐ 3 Very little given and some questions were avoided
- ☐ 4 None at all – when we wanted information

- 6 Over the past 3 days, have you been able to share how you are feeling with your family or friends?**
- ☐ 0 Yes, as much as I wanted to
- ☐ 1 Most of the time
- ☐ 2 Sometimes
- ☐ 3 Occasionally
- ☐ 4 No, not at all with anyone
- 7 Over the past 3 days, have you felt that life was worthwhile?**
- ☐ 0 Yes, all the time
- ☐ 1 Most of the time
- ☐ 2 Sometimes
- ☐ 3 Occasionally
- ☐ 4 No, not at all
- 8 Over the past 3 days, have you felt good about yourself as person?**
- ☐ 0 Yes, all the time
- ☐ 1 Most of the time
- ☐ 2 Sometimes
- ☐ 3 Occasionally
- ☐ 4 No, not at all
- 9 Over the past 3 days, how much time do you feel has been wasted on appointments relating to your healthcare, e.g. waiting around for transport or repeating tests?**
- ☐ 0 None at all
- ☐ 2 Up to half a day wasted
- ☐ 4 More than half a day wasted
- 10 Over the past 3 days, have any practical matters resulting from your illness, either financial or personal, been addressed?**
- ☐ 0 Practical problems have been addressed and my affairs are as up to date as I would wish
- ☐ 2 Practical problems are in the process of being addressed
- ☐ 4 Practical problems exist which were not addressed
- ☐ 0 I have had had no practical problems
- 11 If any, what have been your main problems in the last 3 days?**
1.
2.
- 12 How did you complete this questionnaire?**
- ☐ 0 On my own
- ☐ 1 With the help of a friend or relative
- ☐ 2 With the help from a member of staff