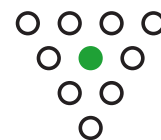


Supportive Needs Questionnaire Patient's Evaluation Form

This package contains:

1. An example patient Supportive Needs Questionnaire Evaluation cover letter.
2. A Supportive Care Needs Questionnaire Evaluation form that can be distributed to patients.





Supportive Needs Questionnaire Patient's Evaluation Form

Example Patient Cover Letter:

Dear _____

Recently when you attended the _____ hospital, you completed a Supportive Care Needs Screening form and had a discussion with a staff member about your answers.

We are currently reviewing whether this form helps us to effectively plan your care with you. Attached is a one-page questionnaire that relates to the Supportive Care Needs Screening form. We would appreciate your completion of the form and returning it in the reply paid envelope.

The information you provide will be treated confidentially. The purpose of collecting the information is to enhance the care we provide for you and other patients.

Thank you for your time in completing the questions.



Supportive Needs Questionnaire Evaluation Form

Name:	Date of Birth: ____ / ____ / ____
Diagnosis:	

1) Do you remember completing this Supportive Needs Questionnaire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Were you happy to complete the form? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Did you find completing the form and / or the discussion with the nurse afterwards helpful? If yes in what way:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Are there any supports that you think may be helpful that you were not offered? If Yes, what were they?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Would you be willing, if needed, to be interviewed about the form the next time you visit the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Any other comments:	

Thank you for your time