



The Coordinated Care Program

Patient Evaluation Survey

If you are willing, we'd like to ask you 5 questions specifically about your experiences with the Designated Care Partner Program. You are being asked to answer these questions because you recently had a family member or a loved one participate in your care as a Designated Care Partner during your stay Hôtel-Dieu Grace Healthcare. Your DCP was the person who attended special training to be allowed to visit you.

Your feedback about the DCP program is important and will be used to improve the quality of the program at HDGH. Participation in this survey is VOLUNTARY and all responses will be kept completely CONFIDENTIAL. There are no right or wrong answers; it's your opinion that counts.

Are you willing to answer these few questions? Yes No

Today's date (dd/mm/yyyy): _____ Patient name: _____

1. On which unit were you staying at HDGH
 - 1 South
 - 2 South
 - 3 South
 - 3 North
 - RH3
 - RH4
2. What types of support did your DCP provide you?
 - Assistance with feeding/mealtimes
 - Assistance with mobility
 - Assistance with personal care
 - Emotional support
 - Communication assistance
 - Assistance with decisions about your care
 - Social support/companionship
 - Other _____

3. How often was your DCP able to help with your physical care during your HDGH stay?

Never	Rarely	Sometimes	Often	Always
-------	--------	-----------	-------	--------

4. How often was your DCP able to help you with your emotional or mental health during your HDGH stay?

Never	Rarely	Sometimes	Often	Always
-------	--------	-----------	-------	--------

5. How satisfied are you with the DCP program overall?

Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
------------------	-------------	---------	-----------	----------------