

Serious Illness Survey for Home-Based Programs

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
- You might be told to skip some questions in this survey. If this happens, you will see an arrow with a note that tells you what question to answer next, like this:
 - ☐ Yes
 - ☒ No → **If No, go to Question 1**

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. In the last 3 months, how many times did someone from this program visit you at home?

- ☐ None
- ☐ 1 to 2 times
- ☐ 3 to 4 times
- ☐ 5 to 6 times
- ☐ 7 or more times

2. In the last 3 months, how many times did you talk to someone from this program on the phone or by video for questions or help with your care?

- ☐ None
- ☐ 1 to 2 times
- ☐ 3 to 4 times
- ☐ 5 to 6 times
- ☐ 7 or more times

3. 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

4. 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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

6. 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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

8. 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

9. 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

10. 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

11. 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

12. 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

13. In the last 3 months, did you have any pain?

- ☐ Yes
- ☐ No → If No, go to Question 15

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

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

15. In the last 3 months, did you have any trouble breathing?

- ☐ Yes
- ☐ No → If No, go to Question 17

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

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

17. In the last 3 months, did you have any feelings of anxiety or sadness?

- ☐ Yes
- ☐ No → If No, go to Question 19

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

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

Your Family Members or Friends

19. In the last 3 months, did you have family members or friends involved in your care?

- ☐ Yes
- ☐ No → If No, go to Question 22

20. In the last 3 months, did people from this program involve your family members or friends in discussions about your health care as much as you wanted?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

21. In the last 3 months, did your family members or friends get as much emotional support as they wanted from this program?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No
- ☐ My family members or friends did not want emotional support from this program

Planning for Your Care

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

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

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

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

24. 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

25. 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

26. Would you recommend this program to your friends and family?

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

About You (The Patient)

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

27. Are you usually able to leave your home or building to go outside, even if you use a cane, walker, or other people for support?

- ☐ Yes, by myself
- ☐ Yes, with help
- ☐ No

28. Are you usually able to get in and out of bed?

- ☐ Yes, by myself
- ☐ Yes, with help
- ☐ No

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

31. 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

32. Are you of Hispanic, Latino, or Spanish origin or descent?

- ☐ No, not Hispanic/Latino/Spanish
- ☐ Yes, Puerto Rican
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

33. What is your race? Please choose one or more.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

34. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Some other language (please print):

35. 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

36. In thinking about your experiences with this program, is there anything that is going well or that you wish would go differently? Please tell us about those experiences.

Thank you.

Please return the completed survey in the postage paid envelope.

[MAILING ADDRESS]