In order to evaluate the Symptom Management Kit program, please complete the evaluation form and send it to:

NH Palliative Care Consultation
Fax: 250-565-5596
Phone: 250-645-6030
Email: Palliative.Care.Consult.Team@northernhealth.ca

1. Did this kit **prevent** you from having to send your patient(s) to the hospital/emergency department?  □ Yes  □ No
   If no, did it allow you to keep them at home longer than expected?  □ Yes  □ No
   Comments: ____________________________________________________________

2. The process of obtaining a kit was:  □ Simple  □ A little confusing  □ Painful
   Comments: ____________________________________________________________

3. Having the kit in the home was:
   □ Somewhat useful, no change to patient care
   □ Somewhat useful, some improvement to patient care
   □ Very useful, considerable improvement to patient care
   Comments: ____________________________________________________________

4. The medications in the kit:
   □ The drug(s) I needed were **not** available
   □ Some of the drug(s) I needed were available
   □ All of the drug(s) I needed were available
   □ The quantity of drugs was insufficient
   □ The quantity of drugs was sufficient
   □ The quantity of drugs was too much
   Comments: ____________________________________________________________

5. The nursing supplies in the kit:
   □ The supplies I needed were **not** available
   □ Some of the supplies I needed were available
   □ All of the supplies I needed were available
   □ The quantity of supplies was insufficient
   □ The quantity of supplies was sufficient
   □ The quantity of supplies was too much
   Comments: ____________________________________________________________

6. Finding what was needed in the kit was:  □ Easy  □ Somewhat hard to find things  □ Painful
   Comments: ____________________________________________________________
7. The nursing drug cards were:
☐ Extremely useful
☐ Somewhat useful
☐ Did not use them but like that they are available
☐ Did not use and wouldn't use them in the future

Comments: ____________________________________________________________
____________________________________________________________________

8. The NHA Palliative Symptom Management Guidelines book was:
☐ Extremely useful
☐ Somewhat useful
☐ Did not use them but like that they are available
☐ Did not use and wouldn't use them in the future

Comments: ____________________________________________________________
____________________________________________________________________

9. The BCMA Palliative Care Helpline for physicians:
☐ Provided it to physician but they did not call.
☐ Provided it to physician and they did call.
☐ Did not provide it to physician but might in the future.
☐ Did not provide it to the physician and never would.

Comments: ____________________________________________________________
____________________________________________________________________

10. Using the medication log was: ☐ Simple, user friendly  ☐ Somewhat confusing  ☐ Painful

Comments: ____________________________________________________________
____________________________________________________________________

11. Overall, I like the Symptom Management Kit program because:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

12. Overall, the Symptom Management Kit program could be improved by:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________