

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 sufficient 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 The quantity of supplies was insufficient The quantity of supplies was sufficient Some of the supplies I needed were available The quantity of supplies was sufficient All of the supplies I needed were available 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:
	10-513-7015 (LC - Rev 01/18)

