

Appendix 1

Nursing Records: Symptom Scoring

Daily Symptom Checklist

Patient ID _____

Date ___/___/___/

Please circle the number most appropriate to you today. On a scale of 1-10, how do you rate your symptoms? 1 is the worst you could be and 10 is the best that you could be.

Breathlessness 1 2 3 4 5 6 7 8 9 10

Cough 1 2 3 4 5 6 7 8 9 10

Ability to walk 1 2 3 4 5 6 7 8 9 10

Anxiety 1 2 3 4 5 6 7 8 9 10

Sputum Production 1 2 3 4 5 6 7 8 9 10

Sputum consistency Purulent 1 Mucoid 2 None 3

Sputum color Green 1 Brown 2 Yellow 3 White 4
Clear 5 None 6

Calculation of symptom score:

Symptom Score=(Patients Score/Total Score) x100

Appendix 2: Satisfaction questionnaires

Scoring of the satisfaction questions from question 4 in in both patient and carer questionnaires. The following values were allocated to the answers:

Complete satisfaction =10

Above average satisfaction =8

Average satisfaction =6

Below average satisfaction =4

Complete dissatisfaction =2

The score obtained was expressed as a percentage of the total possible score.

Patient Satisfaction questionnaire

Date ___/___/___

Patient ID _____

DOB ___/___/___

Place Managed: Hospital

Home

Space is provided following each question for any further comment.

All questions apply to the recent acute worsening of your illness and the care you received during that period

1. Where would you have preferred to be managed?

Hospital

Home

2. What 3 things were you most pleased about with the care given you during your recent illness?

2.1 _____

2.2 _____

2.3 _____

3. What 3 things were you most dissatisfied with in the care provided to you during your recent illness?

3.1 _____

3.2 _____

3.3 _____

4. Treatment: How satisfied were you with:

4.1 the administration of your tablets?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied Score _____

Comments _____

4.2 your nebulised treatment?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied Score _____

Comments _____

4.3 the oxygen treatment?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied Score _____

Comments _____

5. Symptomatic Progress:

How satisfied were you with the improvement in your symptoms?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

6. Support and Supervision:

6.1 How worried were you during your illness?

Extremely worried

Very worried

Worried

A little bit worried

Not worried at all

Score _____

Comments _____

6.2 How well were your worries addressed by the nursing staff?

Fully addressed

Very well addressed

Adequately addressed

Poorly addressed

Not addressed at all

Score _____

Comments _____

6.3 How safe did you feel during the acute illness?

a. During the day

Extremely safe

Very safe

Safe

Unsafe

Most unsafe

Score _____

b. At night

Extremely safe

Very safe

Safe

Unsafe

Most unsafe

Score _____

Comments _____

6.4.1 How satisfied were you with the nursing care you got during your illness during the day?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

6.4.2 How satisfied were you with the nursing care you got during your illness at night?

Completely satisfied

Very satisfied

It was adequate

dissatisfied

Most dissatisfied

Score _____

Comments _____

6.5 How satisfied were you with the amount of time the nursing staff spent with you?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

6.6 How satisfied were you with your involvement in your treatment?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

6.7 How satisfied were with the amount of information you received concerning your illness?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

6.8 How satisfied were you with the length of treatment?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

6.9 On discharge how prepared did you feel to resume your usual activities?

Fully prepared

Very prepared

Adequately prepared

Unprepared

Most unprepared

Score _____

Comments _____

Carer Satisfaction Questionnaire

Date ____/____/____

Patient ID _____ DOB ____/____/____

Space is provided following each question for any further comment.

All questions apply to the recent acute illness suffered by and the care he/ she received during that time.

1. Where would you have preferred the patient to be cared for?

Hospital

Home

2. What 3 things did you find most satisfactory in the care provided to

..... during their recent illness?

2.1 _____

2.2 _____

2.3 _____

3. What 3 things were most dissatisfied about in the care provided during the same period?

3.1 _____

3.2 _____

3.3 _____

4. **Treatment:** How satisfied were you with the patient's

4.1 tablet administration

Completely satisfied

Very satisfied

It was adequate

Unsatisfied

Most unsatisfied Score _____

Comments _____

4.2 nebulised treatment

Completely satisfied

Very satisfied

It was adequate

Unsatisfied

Most unsatisfied Score _____

Comments _____

4.3 oxygen administration

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied Score _____

Comments _____

5. Medical support

5.1 How worried were you during the acute illness of the patient?

Not worried at all

Slightly worried

Quite worried

Very worried

Extremely worried Score _____

Comments _____

5.2 How well were your worries addressed by the nursing staff?

Fully addressed

Well addressed

Adequately addressed

Poorly addressed

Very poorly addressed Score _____

Comments _____

5.3 How acceptable did you find his/ her care?

Completely acceptable

Very acceptable

Acceptable

Not acceptable

Most unacceptable Score _____

Comments _____

5.4.1 How satisfied were you with the nursing care during the day?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

5.4.2 How satisfied were you with the nursing care at night?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

5.5 How satisfied were you with the amount of information you received concerning the care of the patient?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

5.6 How satisfied were you with the length of care of the patient?

Completely satisfied

Very satisfied

It was adequate

Dissatisfied

Most dissatisfied

Score _____

Comments _____

5.7 How prepared were you for the discharge of the patient from nursing

care?

Fully prepared

Well prepared

Adequately prepared

Unprepared

Completely unprepared

Score _____

Comments _____