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.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
<th>Score 5</th>
<th>Score 6</th>
<th>Score 7</th>
<th>Score 8</th>
<th>Score 9</th>
<th>Score 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathlessness</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Ability to walk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sputum Production</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sputum consistency</td>
<td>Purulent 1</td>
<td>Mucoid 2</td>
<td>None 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum color</td>
<td>Green 1</td>
<td>Brown 2</td>
<td>Yellow 3</td>
<td>White 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Calculation of symptom score:

\[ \text{Symptom Score} = \left( \frac{\text{Patients Score}}{\text{Total Score}} \right) \times 100 \]

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 _________________________________________________
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 you 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_____________________________________________________