

Patient Continuity of Care Questionnaire (PCCQ)

INSTRUCTIONS: These statements are designed to assess the care you received around the time of discharge from hospital. Please complete on your own or with assistance. An informal caregiver (e.g., family, friends) can also complete on behalf of a patient.

Read each statement and circle a number between 1 and 5 to indicate whether you 1 (strongly disagree), 2 (somewhat disagree), 3 (cannot decide whether you agree or disagree), 4 (somewhat agree), or 5 (strongly agree) with the statement.

How strongly do you agree or disagree with this statement?	Strongly Disagree	Somewhat Disagree	Hard to Decide	Somewhat Agree	Strongly Agree	Not Applicable
BEFORE DISCHARGE						
1. I was provided with clear information on my diagnosis.	1	2	3	4	5	NA
2. I was provided with clear information on my prognosis.	1	2	3	4	5	NA
3. I was told about non urgent symptoms that may occur and how I should cope with these	1	2	3	4	5	NA
4. I was given information on symptoms that may signal a need to seek urgent medical attention & whom to contact for these symptoms (e.g. specialist, family physician, homecare).	1	2	3	4	5	NA
5. I was told about clinical findings that may impact my future health or care (e.g. history of blood clots, cancer, high blood pressure).	1	2	3	4	5	NA
6. I was given complete information on my medications (e.g., type, purpose, how given, when, how often for hour long, how much, side effects, drug interactions, nature and frequency of blood work).	1	2	3	4	5	NA
7. I was given dietary instructions (e.g., requirements, restrictions, instructions to plan daily meals).	1	2	3	4	5	NA
8. I was provided with information on recommendations and restrictions in activities, exercises and aids.	1	2	3	4	5	NA
9. I was given information on medical equipment and supplies (e.g., what needed, whom to contact).	1	2	3	4	5	NA
10. I was given information on follow-up appointments that have been made for me and appointments I have to schedule for myself.	1	2	3	4	5	NA
11. I was given written information on recommended support services (e.g., Home Care, Respite, Adult Day Program) and target date for initial contact.	1	2	3	4	5	NA

How strongly do you agree or disagree with this statement?	Strongly Disagree	Somewhat Disagree	Hard to Decide	Somewhat Agree	Strongly Agree	Not Applicable
12. I was informed of ongoing treatment that may be required after discharge (e.g., purpose, how, when) and whether I will have ongoing contact with providers of my care (e.g., physician, etc.).	1	2	3	4	5	NA
13. I was informed of patient resources/supports (e.g., peer support groups) that may be available.	1	2	3	4	5	NA
14. I was informed of different self management tools and educational material (e.g., diaries, books, tapes, videos) that could be helpful to me.	1	2	3	4	5	NA
15. My informal caregivers (e.g., family, friends) were given information on resources/support (e.g., peer support groups, community organizations).	1	2	3	4	5	NA
16. My informal caregivers had the necessary information about my health that they needed in order to help me out.	1	2	3	4	5	NA
17. Providers understood my expectations, beliefs and preferences.	1	2	3	4	5	NA
18. I felt “known” (e.g. current clinical condition and events) by the providers involved in my care.	1	2	3	4	5	NA
19. I had confidence in the providers involved in my care.	1	2	3	4	5	NA
20. I was satisfied with the information from the providers involved in my care.	1	2	3	4	5	NA
21. I was satisfied with the emotional support from the providers involved in my care.	1	2	3	4	5	NA
22. I was satisfied with the opportunity to talk and raise questions with the providers involved in my care.	1	2	3	4	5	NA
23. The different providers appeared to communicate well with each other while I was in hospital/convalescent care.	1	2	3	4	5	NA
24. A well-developed and realistic follow-up plan was prepared and explained to me.	1	2	3	4	5	NA
25. I was involved in and agreed with the follow-up plan.	1	2	3	4	5	NA
26. My family was involved in follow-up as appropriate.	1	2	3	4	5	NA
27. I felt adequately prepared for discharge.	1	2	3	4	5	NA

How strongly do you agree or disagree with this statement?	Strongly Disagree	Somewhat Disagree	Hard to Decide	Somewhat Agree	Strongly Agree	Not Applicable
AFTER DISCHARGE						
28. I feel “known” (e.g. current health condition) by my present providers who have taken over my care since discharge.	1	2	3	4	5	NA
29. I have confidence in my present providers who have taken over my care since discharge.	1	2	3	4	5	NA
30. I am satisfied with the information from my providers who have taken over my care since discharge.	1	2	3	4	5	NA
31. I am satisfied with the emotional support from my providers who have taken over my care since discharge.	1	2	3	4	5	NA
32. I am satisfied with the opportunity to talk and raise questions with my providers who have taken over my care since discharge.	1	2	3	4	5	NA
33. As far as I am aware, the different health care providers in hospital have communicated well with those in the community about my care.	1	2	3	4	5	NA
34. As far as I am aware, my family physician or other key provider was contacted and informed about the important aspects of care that I received (e.g. diagnosis, prognosis, treatment, medications, etc.).	1	2	3	4	5	NA
35. I have reviewed my overall treatment plan with my family physician since my discharge.	1	2	3	4	5	NA
36. The follow-up plan has been followed or adjusted as necessary.	1	2	3	4	5	NA
37. I was given consistent information by all providers about my care.	1	2	3	4	5	NA
38. I was reminded about important appointments (e.g., letter, phone call).	1	2	3	4	5	NA
39. As far as I am aware, necessary forms were all completed.	1	2	3	4	5	NA
40. As far as I am aware, necessary forms were sent to all appropriate places/providers.	1	2	3	4	5	NA
41. As far as I am aware, no forms or information were lost when I was discharged.	1	2	3	4	5	NA