

**Survey Status:** Development

Iam48 | [My Profile](#) | [Log out](#)

Actions: [Move to production status](#) | [Archive survey](#) | [Download survey as PDF](#)

Survey title:  
**Community Paramedic Quality of Life Assessment**

Original creation date:  
01/20/2016

Last response:  
09/26/2016 3:34 pm

[My Surveys](#) | [Edit Info](#) | [Design](#) | **Preview** | [Collect Responses](#) | [Admins](#)

[Results](#)

**Preview Your Survey**

Displayed below is a one-page preview of the survey as it will be viewed by your participants.

*Beginning of Survey*

**Community Paramedic Quality of Life Assessment**

Please complete the survey below.

Thank you!

1) Enter patients MRN

\* required

2) Please rate your level of mobility around the house.

1 = no problems to 5 = confined to bed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

\* required

[reset value](#)

3) Please rate your ability to care for yourself.

1 = no problems to 5 = cannot dress or bathe myself

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

\* required

[reset value](#)

4) Please rate your ability to perform regular activities (e.g. work, housework, family activities, leisure).

1 = no problems to 5 = cannot perform regular activities at all

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

\* required

[reset value](#)

5) Please rate your level of pain or discomfort with 1 being no pain or discomfort to 5 being extreme pain or discomfort.

1 = no pain or discomfort to 5 = extreme pain or discomfort

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

\* required

[reset value](#)

6) Please rate your level of anxiety or depression.

1 = no anxiety/feeling depressed to 5 = extreme anxiety/depression

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

[reset value](#)

7) I am comfortable with knowing how to take my medications.

☐ Yes ☐ No

\* required [reset value](#)

8) I understand my care plan.

☐ Yes ☐ No

\* required [reset value](#)

9) I have enough support from my healthcare providers

☐ Yes ☐ No

\* required [reset value](#)

10) I have an Advanced Directive.

☐ Yes ☐ No

\* required [reset value](#)

11) Using the scale provided please share how you would rate your overall health (select a radio button on the scale where you think this is today).

1 = Worst Imaginable Health State to 10 = Best Imaginable Health State

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

\* required [reset value](#)

12) Please rate your overall rating of care received during your Community Paramedic visit.

1 = extremely dissatisfied to 5 = very satisfied

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

\* required [reset value](#)

13) Please rate the likelihood of recommending our Community Paramedic service to others.

1 = Very unlikely to 5 = very likely

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

\* required [reset value](#)

Submit