

**QODD: SIGNIFICANT OTHER AFTER DEATH INTERVIEW**

Part I: Circumstances

Part II: Seven day version

    Last month version

Demographics

Interviewee assessment

Interviewer assessment



**QODD: SIGNIFICANT OTHER  
AFTER DEATH INTERVIEW**

**\* CIRCUMSTANCES – PART 1 \***

**QUESTIONNAIRE FOR ADMINISTRATION  
For Non-University of Washington Sites**

**PATIENT ID:**     \_\_\_ \_\_\_ \_\_\_

**SIGNIFICANT OTHER ID:**   \_\_\_ \_\_\_ \_\_\_

**INTERVIEW DATE**     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
                                  MONTH    DAY                    YEAR

**START TIME**           \_\_\_ \_\_\_ : \_\_\_ \_\_\_

**STOP TIME**            \_\_\_ \_\_\_ : \_\_\_ \_\_\_

**TOTAL MINUTES:**        \_\_\_ \_\_\_ \_\_\_

**VERSION:**            **7 day recall**        **7**  
                          **30 day recall**     **30**

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INTRODUCTION

During this interview, I will ask you a variety of questions about the last days of your loved one's life. I realize that this may be a difficult topic to discuss given all that has happened for you recently. So, if you feel uncomfortable answering a question or need to stop the interview and reschedule for another time, please let me know. Everything you say is kept confidential. If you do not understand a question, stop me and I will try to explain it to you.

CIRCUMSTANCES OF DEATH

1. According to our records, your loved one died on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Is this correct?

1 YES

2 NO → What is the correct date?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

(ON THE LINES BELOW, FILL IN THE DATES AND DAY FOR THE WEEK BEFORE THE PATIENT'S DEATH. FILL IN BEFORE THE INTERVIEW WITH THE FAR LEFT DATE THE FIRST DAY OF THE LAST WEEK OF LIFE AND THE FAR RIGHT DATE THE DATE OF DEATH.)

In this beginning section, I want to ask about the last 7 days of x \_\_\_\_\_'s life. I've looked this up in the calendar and she/he died on \_\_\_\_\_ so we want to look from \_\_\_\_\_ to \_\_\_\_\_. (POINT TO THE DATES AS YOU READ THESE INSTRUCTIONS)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date/day date/day date/day date/day date/day date/day date/day

(7<sup>th</sup> day before death)

(day of death)

2. During the seven days before X \_\_\_\_\_'s death, on which days did you see him/her? (CIRCLE EACH DAY THAT RESPONDENT SAW PATIENT)

1                    2                    3                    4                    5                    6                    7

**3. Where was your loved one on each of these days?**

*(FILL IN NAME OF PLACE. USE " IF PLACE REMAINS SAME.)*

DAY 1 \_\_\_\_\_

DAY 2 \_\_\_\_\_

DAY 3 \_\_\_\_\_

DAY 4 \_\_\_\_\_

DAY 5 \_\_\_\_\_

DAY 6 \_\_\_\_\_

DAY 7 \_\_\_\_\_

**4. On the days that you saw your loved one, what was the most time you spent with him/her?....**

<b>Less than 1 hour</b>	<b>1-4 hours</b>	<b>4-8 hours.</b>	<b>8 or more hours</b>	<b>DON'T KNOW</b>
1	2	3	4	999

**5. On the days that you saw X, what is the least number of hours you spent with her/him in one day?....** *(DOES NOT INCLUDE DAYS NOT SEEN)*

<b>Less than 1 hour</b>	<b>1-4 hours</b>	<b>4-8 hours.</b>	<b>8 or more hours</b>	<b>DON'T KNOW</b>
1	2	3	4	999

**6. In the last year, how often did you see X?....**

<b>Daily</b>	<b>At least once a week</b>	<b>At least once a month</b>	<b>Less than once a month</b>	<b>DON'T KNOW</b>
1	2	3	4	999

7. In your opinion, how long before X's death was s/he aware that s/he was dying?....

<b>Never Aware</b>	<b>One week before death</b>	<b>2-4 weeks before death</b>	<b>2-6 months before death</b>	<b>6-12 months before death</b>	<b>DON'T KNOW</b>
1	2	3	4	5	999

SCREENING QUESTION

At any time during the last seven days of X's life, did s/he talk with you in a way that you could understand her/him?

- 1 YES → (CONTINUE WITH LAST SEVEN DAYS INTERVIEW)
- 2 NO → (CONTINUE WITH LAST MONTH INTERVIEW)



**QODD: SIGNIFICANT OTHER  
AFTER DEATH INTERVIEW**

**\* LAST SEVEN DAYS/LAST MONTH – PART 2 \***

**PATIENT ID:**     \_\_\_ \_\_\_ \_\_\_

**SIGNIFICANT OTHER ID:**     \_\_\_ \_\_\_ \_\_\_

**INTERVIEW DATE**     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
                          **Month**            **Day**            **Year**

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## Seven Day Version

### QUALITY OF DEATH AND DYING (QODD)

The next set of questions asks about the quality of X 's experience of dying and death during the last seven days of her/his life.

I will ask you about a number of experiences that X may have had in the last seven days of her/his life.

Each question has two parts. The first part will ask you how often X experienced each item using a scale where 0 is 'none of the time' and 5 is 'all of the time'. (SHOW CARD # 1)

The second part will ask you to rate this aspect of X 's dying experience on a scale from 0 to 10, where 0 is a 'terrible experience', and 10 is an 'almost perfect experience'. (SHOW CARD # 2)

Let's start with an example.

In the last seven days of her/his life, how often did X listen to music?

I'd like you to use the first scale to tell me how often X listened to music during the last seven days of her/his life, with 0 being "none of the time" and 5 being "most of the time".... (POINT TO CARD WHILE READING DIRECTIONS)

None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW
0	1	2	3	4	5	999

Then I will ask you how YOU would rate this aspect as it relates to the quality of X 's dying experience. Just keep in mind that your rating response should be based on how YOU think this aspect affected the quality of her/his life during X 's dying experience.

For this question, 0 is a "terrible experience" and 10 is an "almost perfect experience".

(POINT TO CARD WHILE READING DIRECTIONS)

Terrible Experience										Almost Perfect	DON'T KNOW
0	1	2	3	4	5	6	7	8	9	10	999

Do you have any questions before we begin?

SECTION A

During the last seven days of X \_\_\_\_\_'s life,

1a. How often did X \_\_\_\_\_ appear to have her/his pain under control?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10		999	777

2a. How often did X \_\_\_\_\_ appear to have control over what was going on around her/him?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10		999	777

3a. How often was X \_\_\_\_\_ able to feed her/himself?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10		999	777

(NOTE: IF THE RESPONDENT UNDERSTANDS THE RESPONSE OPTIONS, IT IS NOT NECESSARY TO READ THEM AFTER EACH QUESTION. HOWEVER, SOME RESPONDENTS MAY NEED THE REPETITION.)



During the last seven days of X \_\_\_\_\_'s life,

4a. How often did X \_\_\_\_\_ have control of her/his bladder or bowels?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

5a. How often did X \_\_\_\_\_ breathe comfortably?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

6a. How often did X \_\_\_\_\_ appear to feel at peace with dying?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

During the last seven days of X \_\_\_\_\_'s life,

7a. How often did X \_\_\_\_\_ appear to be unafraid of dying?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

8a. How often did X \_\_\_\_\_ laugh and smile?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

9a. How often did X \_\_\_\_\_ appear to have the energy to do most things that s/he wanted to do?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

During the last seven days of X \_\_\_\_\_'s life,

10a. How often did X \_\_\_\_\_ appear to be worried about strain on her/his loved ones?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

11a. How often did X \_\_\_\_\_ appear to keep her/his dignity and self-respect?

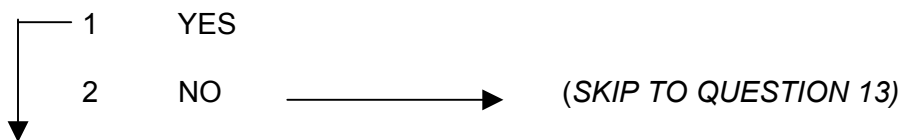
<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

12 a,b Did X \_\_\_\_\_ have a living spouse or partner?

(IF YOU KNOW THE ANSWER TO THIS ITEM, DO NOT ASK BUT CIRCLE THE CORRECT NUMBER AND FOLLOW THE RESPONSE PATTERN).



12a. How often did X \_\_\_\_\_ spend time with her/his spouse or partner?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

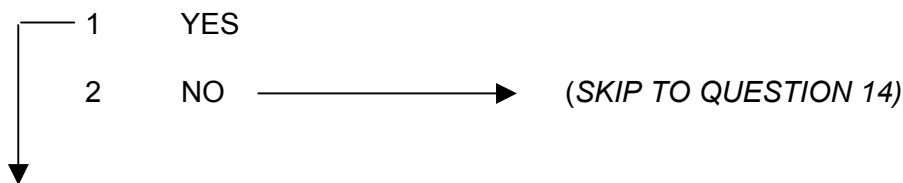
b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

During the last seven days of X \_\_\_\_\_'s life,

13a,b. Did X \_\_\_\_\_ have living children?

(IF YOU KNOW THE ANSWER TO THIS ITEM, DO NOT ASK BUT CIRCLE THE CORRECT NUMBER AND FOLLOW THE RESPONSE PATTERN).



13a. How often did X \_\_\_\_\_ spend time with her/his children?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

14a. How often did X \_\_\_\_\_ spend time with other family and friends?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

During the last seven days of X \_\_\_\_\_'s life,

15a. How often did X \_\_\_\_\_ spend time alone?....

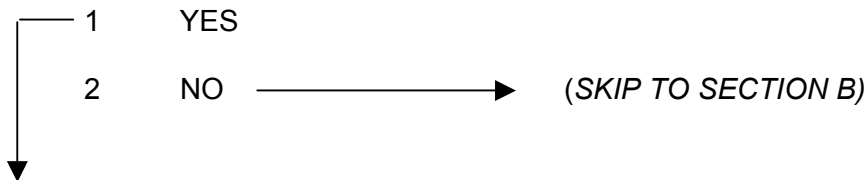
None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

Terrible Experience	0	1	2	3	4	5	6	7	8	9	10	Almost Perfect	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

16,a,b. Did X \_\_\_\_\_ have pets?

(IF YOU KNOW THE ANSWER TO THIS ITEM, DO NOT ASK BUT CIRCLE THE CORRECT NUMBER AND FOLLOW THE RESPONSE PATTERN).



16a. How often did X \_\_\_\_\_ spend time with pets?

None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

Terrible Experience	0	1	2	3	4	5	6	7	8	9	10	Almost Perfect	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

SECTION B

In this section, I won't be asking how often X\_\_\_\_\_ did a certain activity but I'll ask for a "YES" or "NO" response first. Then, I'll ask you to rate the quality of the experience with 0 indicating "a terrible experience" and 10 indicating "an almost perfect experience"  
(USE CARD # 3 IF NEEDED FOR "PART A" OF EACH QUESTION; USE CARD #2 FOR "PART B")

During the last seven days of X\_\_\_\_\_ 's life,

17a. Did X\_\_\_\_\_ appear to find meaning and purpose in her/his life?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 18)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 18)

b. How would you rate this aspect of X\_\_\_\_\_ 's dying experience?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

18a. Was X\_\_\_\_\_ touched or hugged by her/his loved ones?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 19)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 19)

b. How would you rate this aspect of X\_\_\_\_\_ 's dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

During the last seven days of X \_\_\_\_\_'s life,

19a. Did X \_\_\_\_\_ attend any important events - for example weddings, graduations, and birthdays?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 20)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 20)

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10			999	777

20a. Were all of X \_\_\_\_\_'s health care costs taken care of?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 21)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 21)

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10			999	777

21a. Did X \_\_\_\_\_ say goodbye to loved ones?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 22)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 22)

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10			999	777

During the last seven days of X\_\_\_\_\_’s life,

22a. Did X\_\_\_\_\_ have one or more visits from a religious or spiritual advisor?

- 1 YES
- 2 NO
- 999 DON’T KNOW —————> (GO TO QUESTION 23)
- 777 REFUSED, NO RESPONSE —————> (GO TO QUESTION 23)

b. How would you rate this aspect of X\_\_\_\_\_’s dying experience?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON’T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777		

23a. Did X\_\_\_\_\_ have a spiritual service or ceremony before his/her death?

- 1 YES
- 2 NO
- 999 DON’T KNOW —————> (GO TO QUESTION 24)
- 777 REFUSED, NO RESPONSE —————> (GO TO QUESTION 24)

b. How would you rate this aspect of X\_\_\_\_\_’s dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON’T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777		

24a. Was a mechanical ventilator or kidney dialysis used to prolong X\_\_\_\_\_’s life?

- 1 YES
- 2 NO
- 999 DON’T KNOW —————> (GO TO QUESTION 25)
- 777 REFUSED, NO RESPONSE —————> (GO TO QUESTION 25)

b. How would you rate this aspect of X\_\_\_\_\_’s dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON’T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777		



25a. Did X have the means to end her/his life if s/he needed to?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 26)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 26)

b. How would you rate this aspect of X's dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

26a. Did X clear up any bad feelings with others?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO SECTION C)
- 777 REFUSED, NO RESPONSE → (GO TO SECTION C)

b. How would you rate this aspect of X's dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

### SECTION C

The next set of questions does not use a timeline of the last seven days of X's life. Instead, these questions ask if X has EVER done an activity. For the first part of the question, please answer "YES" or "NO". For the second part of the question, please rate the quality of this aspect of X's dying experience with the same rating scale we have been using, where 0 is "a terrible experience" and 10 is "an almost perfect experience". (USE CARD #3 FOR "PART A", IF NEEDED, AND CARD #2 FOR "PART B")

27a. Did X have her/his funeral arrangements in order prior to death?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 28)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 28)



b. How would you rate this aspect of X 's death?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

30a. Was anyone present at the moment of X 's death?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 31)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 31)

b. How would you rate this aspect of X 's death?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

31a. In the moment before X 's death, was he/she.....

- 1 **Awake**
- 2 **Asleep**
- 3 **In a coma/unconscious**
- 999 DON'T KNOW → (GO TO SECTION E)
- 777 REFUSED, NO RESPONSE → (GO TO SECTION E)

b. How would you rate this aspect of X 's death?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

SECTION E

The last two questions in this section ask for your overall rating of the last seven days of X 's life and her/his moment of death. (SHOW CARD #2)

32. How would you rate the quality of X 's life during the last seven days of her/his life?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10			999	777

33. How would you rate the quality of X 's moment of death?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10			999	777

## Last Month Version

QUALITY OF DEATH AND DYING (QODD)
-----------------------------------

The next set of questions asks about the quality of X 's experience of dying and death during the last month of her/his life.

I will ask you about a number of experiences that X may have had in the last month of her/his life.

Each question has two parts. The first part will ask you how often X experienced each item using a scale where 0 is 'none of the time' and 5 is 'all of the time'. (SHOW CARD # 1 )

The second part will ask you to rate this aspect of X 's dying experience on a scale from 0 to 10, where 0 is a 'terrible experience', and 10 is an 'almost perfect experience'. (SHOW CARD # 2)

Let's start with an example.

In the last month of her/his life, how often did X listen to music?

I'd like you to use the first scale to tell me how often X listened to music during the last month of her/his life, with 0 being "none of the time" and 5 being "most of the time"....

(POINT TO CARD WHILE READING DIRECTIONS)

None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW
0	1	2	3	4	5	999

Then I will ask you how YOU would rate this aspect as it relates to the quality of X 's dying experience. Just keep in mind that your rating response should be based on how YOU think this aspect affected the quality of her/his life during X 's dying experience.

For this question, 0 is a "terrible experience" and 10 is an "almost perfect experience".

(POINT TO CARD WHILE READING DIRECTIONS)

Terrible Experience										Almost Perfect	DON'T KNOW
0	1	2	3	4	5	6	7	8	9	10	999

Do you have any questions before we begin?

SECTION A

During the last month of X \_\_\_\_\_'s life,

1a. How often did X \_\_\_\_\_ appear to have her/his pain under control?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

2a. How often did X \_\_\_\_\_ appear to have control over what was going on around her/him?.....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

3a. How often was X \_\_\_\_\_ able to feed her/himself?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

(NOTE: IF THE RESPONDENT UNDERSTANDS THE RESPONSE OPTIONS, IT IS NOT NECESSARY TO READ THEM AFTER EACH QUESTION. HOWEVER, SOME RESPONDENTS MAY NEED THE REPETITION.)

During the last month of X \_\_\_\_\_'s life,

4a. How often did X \_\_\_\_\_ have control of her/his bladder or bowels?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10		999	777

5a. How often did X \_\_\_\_\_ breathe comfortably?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10		999	777

6a. How often did X \_\_\_\_\_ appear to feel at peace with dying?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10		999	777

During the last month of X \_\_\_\_\_'s life,

7a. How often did X \_\_\_\_\_ appear to be unafraid of dying?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

8a. How often did X \_\_\_\_\_ laugh and smile?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	

9a. How often did X \_\_\_\_\_ appear to have the energy to do most things that s/he wanted to do?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10	999	777	



During the last month of X \_\_\_\_\_'s life,

10a. How often did X \_\_\_\_\_ appear to be worried about strain on her/his loved ones?....

None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

Terrible Experience										Almost Perfect	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777

11a. How often did X \_\_\_\_\_ appear to keep her/his dignity and self-respect?

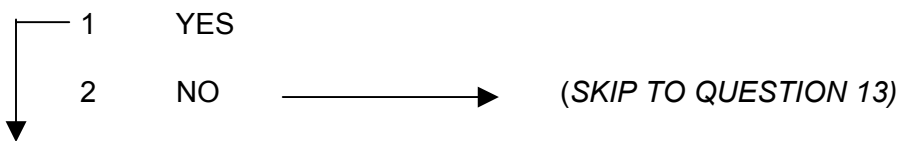
None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

Terrible Experience										Almost Perfect	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777

12 a,b Did X \_\_\_\_\_ have a living spouse or partner?

(IF YOU KNOW THE ANSWER TO THIS ITEM, DO NOT ASK BUT CIRCLE THE CORRECT NUMBER AND FOLLOW THE RESPONSE PATTERN).



12a. How often did X \_\_\_\_\_ spend time with her/his spouse or partner?

None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

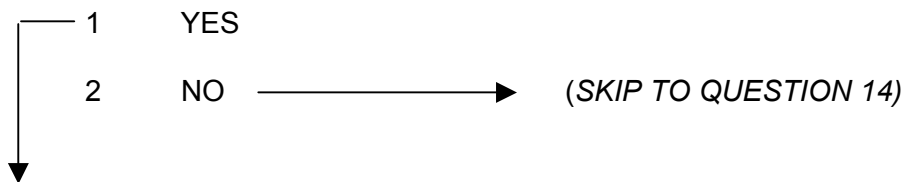
b. How would you rate this aspect of X 's dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10	999	777

During the last month of X \_\_\_\_\_'s life,

13 a,b. Did X\_\_\_\_\_ have living children?

(IF YOU KNOW THE ANSWER TO THIS ITEM, DO NOT ASK BUT CIRCLE THE CORRECT NUMBER AND FOLLOW THE RESPONSE PATTERN).



13a. How often did X \_\_\_\_\_ spend time with her/his children?....

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

<b>Terrible Experience</b>											<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10	999	777

14a. How often did X \_\_\_\_\_ spend time with other family and friends?

<b>None of the Time</b>	<b>A Little Bit of the Time</b>	<b>Some of the Time</b>	<b>A Good Bit of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

<b>Terrible Experience</b>											<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10	999	777

During the last month of X \_\_\_\_\_'s life,

15a. How often did X \_\_\_\_\_ spend time alone?....

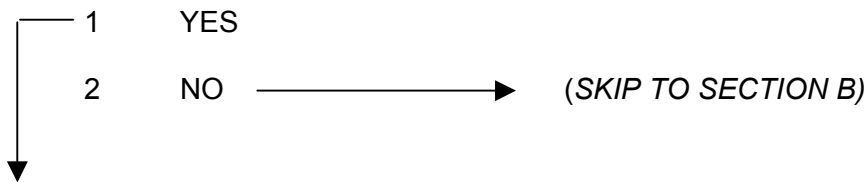
None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?....

Terrible Experience											Almost Perfect	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777	

16,a,b. Did X \_\_\_\_\_ have pets?

(IF YOU KNOW THE ANSWER TO THIS ITEM, DO NOT ASK BUT CIRCLE THE CORRECT NUMBER AND FOLLOW THE RESPONSE PATTERN).



16a. How often did X \_\_\_\_\_ spend time with pets?

None of the Time	A Little Bit of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	999	777

b. How would you rate this aspect of X \_\_\_\_\_'s dying experience?

Terrible Experience											Almost Perfect	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777	



During the last month of X\_\_\_\_\_’s life,

19a. Did X\_\_\_\_\_ attend any important events - for example weddings, graduations, and birthdays?

- 1 YES
- 2 NO
- 999 DON’T KNOW → (GO TO QUESTION 20)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 20)

b. How would you rate this aspect of X\_\_\_\_\_’s dying experience?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON’T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

20a. Were all of X\_\_\_\_\_’s health care costs taken care of?

- 1 YES
- 2 NO
- 999 DON’T KNOW → (GO TO QUESTION 21)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 21)

b. How would you rate this aspect of X\_\_\_\_\_’s dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON’T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

21a. Did X\_\_\_\_\_ say goodbye to loved ones?

- 1 YES
- 2 NO
- 999 DON’T KNOW → (GO TO QUESTION 22)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 22)

b. How would you rate this aspect of X\_\_\_\_\_’s dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON’T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

During the last month of X\_\_\_\_\_ 's life,

22a. Did X\_\_\_\_\_ have one or more visits from a religious or spiritual advisor?

- 1 YES
- 2 NO
- 999 DON'T KNOW ————> (GO TO QUESTION 23)
- 777 REFUSED, NO RESPONSE ————> (GO TO QUESTION 23)

b. How would you rate this aspect of X\_\_\_\_\_ 's dying experience?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777		

23a. Did X\_\_\_\_\_ have a spiritual service or ceremony before his/her death?

- 1 YES
- 2 NO
- 999 DON'T KNOW ————> (GO TO QUESTION 24)
- 777 REFUSED, NO RESPONSE ————> (GO TO QUESTION 24)

b. How would you rate this aspect of X\_\_\_\_\_ 's dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777		

24a. Was a mechanical ventilator or kidney dialysis used to prolong X\_\_\_\_\_ 's life?

- 1 YES
- 2 NO
- 999 DON'T KNOW ————> (GO TO QUESTION 25)
- 777 REFUSED, NO RESPONSE ————> (GO TO QUESTION 25)

b. How would you rate this aspect of X\_\_\_\_\_ 's dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10	999	777		



b. How would you rate this aspect of X 's dying experience?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

28a. Did X discuss her/his wishes for end of life care with her/his doctor --for example, resuscitation or intensive care?

- 1 YES
- 2 NO
- 999 DON'T KNOW —————> (GO TO SECTION D)
- 777 REFUSED, NO RESPONSE —————> (GO TO SECTION D)

b. How would you rate this aspect of X 's dying experience?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
	0	1	2	3	4	5	6	7	8	9	10		999	777

SECTION D

The next questions ask about where, with whom, and how X died.

29a. Where did your loved one die? (CIRCLE THE NUMBER AND FILL IN BLANKS AS NEEDED)

- 8 PATIENT'S OWN HOME
- 9 SURROGATE'S HOME (IF OTHER THAN PATIENT'S HOME)
- 10 OTHER HOME  
Whose home? \_\_\_\_\_
- 11 HOSPITAL  
Which hospital? \_\_\_\_\_
- 12 IN-PATIENT HOSPICE  
Which in-patient hospice? \_\_\_\_\_
- 13 NURSING HOME (OR OTHER LONG TERM CARE FACILITY)  
Which nursing home or other long term care facility? \_\_\_\_\_
- 14 OTHER  
Which other place? \_\_\_\_\_
- 999 DON'T KNOW —————> (GO TO QUESTION 30)
- 777 REFUSED, NO RESPONSE —————> (GO TO QUESTION 30)



b. How would you rate this aspect of X 's death?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

30a. Was anyone present at the moment of X 's death?

- 1 YES
- 2 NO
- 999 DON'T KNOW → (GO TO QUESTION 31)
- 777 REFUSED, NO RESPONSE → (GO TO QUESTION 31)

b. How would you rate this aspect of X 's death?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

31a. In the moment before X 's death, was he/she.....

- 1 **Awake**
- 2 **Asleep**
- 3 **In a coma/unconscious**
- 999 DON'T KNOW → (GO TO SECTION E)
- 777 REFUSED, NO RESPONSE → (GO TO SECTION E)

b. How would you rate this aspect of X 's death?

<b>Terrible Experience</b>												<b>Almost Perfect</b>	<b>DON'T KNOW</b>	<b>NO RESPONSE</b>
0	1	2	3	4	5	6	7	8	9	10			999	777

SECTION E

The last two questions in this section ask for your overall rating of the last month of X 's life and her/his moment of death. (SHOW CARD #2)

32. How would you rate the quality of X 's life during the last month of her/his life?....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10			999	777

33. How would you rate the quality of X 's moment of death?.....

<b>Terrible Experience</b>												<b>Almost Perfect</b>	DON'T KNOW	NO RESPONSE
0	1	2	3	4	5	6	7	8	9	10			999	777

DID YOU USE THE VERBAL CUE CARDS FOR THE QODD?

- 1 YES
- 2 NO

CONCLUDING ITEMS FOR BOTH SEVEN DAY AND LAST MONTH

SIGNIFICANT OTHER DEMOGRAPHICS

For the final part of the interview, I would like to ask you a few questions about yourself.

1. What is your relationship to X \_\_\_\_\_? (CIRCLE ONE NUMBER)

- 1 SPOUSE/PARTNER
- 2 CHILD
- 3 SIBLING
- 4 FRIEND
- 5 PARENT
- 6 OTHER RELATIVE
- 7 OTHER

What other relationship? \_\_\_\_\_

2. What is your birthdate? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

3. How long does it take you to get to X \_\_\_\_\_'s home?

(ENTER 00/00 FOR HOUR/MINUTES IF SURROGATE LIVES W/PATIENT)

\_\_\_\_\_/\_\_\_\_\_  
HOURS MINUTES

4. How long have you known X \_\_\_\_\_?

\_\_\_\_\_/\_\_\_\_\_  
YEARS MONTHS

5. (NOTE THE SURROGATE'S GENDER AND CIRCLE THE CORRECT NUMBER)

- 1 FEMALE
- 2 MALE

**6. What is your race or ethnicity? (CIRCLE ALL THAT APPLY)**

YES NO

- |   |   |                           |
|---|---|---------------------------|
| 1 | 2 | NON-HISPANIC WHITE        |
| 1 | 2 | BLACK OR AFRICAN AMERICAN |
| 1 | 2 | HISPANIC                  |
| 1 | 2 | ASIAN OR PACIFIC ISLANDER |
| 1 | 2 | NATIVE AMERICAN           |
| 1 | 2 | OTHER _____               |

(FILL IN IF 'OTHER' SPECIFIED)

**7. What is the highest year of schooling you have completed? (CIRCLE ONE)**

- |   |                                    |
|---|------------------------------------|
| 1 | NO FORMAL SCHOOL                   |
| 2 | KINDERGARTEN THRU GRADE 8          |
| 3 | SOME HIGH SCHOOL                   |
| 4 | HIGH SCHOOL DIPLOMA OR G.E.D.      |
| 5 | SOME COLLEGE                       |
| 6 | 4-YEAR COLLEGE DEGREE (B.A., B.S.) |
| 7 | GRADUATE OR PROFESSIONAL SCHOOL    |

**We are now finished with the interview. Thank you for your time in answering all of my questions.**

**NOTE: STOP TIME\_\_\_\_\_:**

INTERVIEWEE ASSESSMENT

We are now finished with the formal part of the questionnaire. For these last questions, we are looking for your help to guide us in future research. We are interested in your impressions in your own words.

1. Would you like to continue?

- 1 YES
- 2 NO

2. Overall, how much of a burden on you was this questionnaire?....

No Burden at all									Moderate Burden			Terrible Burden
0	1	2	3	4	5	6	7	8	9	10		

3. Is there anything about the quality of X's death that we should have asked but didn't?

*(PROBES: WAS THERE ANYTHING ELSE THAT WAS IMPORTANT IN THE LAST SEVEN DAYS OR LAST MONTH OF LIFE THAT WE DIDN'T ASK ABOUT? IS THERE ANYTHING ELSE YOU THINK WE SHOULD KNOW ABOUT THAT HAPPENED TO YOUR LOVED ONE DURING HIS/HER LAST WEEK/LAST MONTH OF LIFE THAT COULD HAVE BEEN IMPROVED?)*

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4. Is there anyway that we could have made this questionnaire easier on you?

*(PROBES: WOULD IT HAVE BEEN BETTER TO WAIT LONGER BEFORE WE COMPLETED THIS WITH YOU? WOULD IT HAVE BEEN BETTER TO DO IT EARLIER? SHOULD WE HAVE ASKED THE QUESTIONS IN A DIFFERENT WAY? )*

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**Do you have any other questions or comments for us?**

**Thank you again for your help. We appreciate your time and willingness to help us improve experiences at the end of life.**

## INTERVIEWER ASSESSMENT

THE FOLLOWING SECTION IS TO BE COMPLETED AFTER EVERY INTERVIEW BY THE INTERVIEWER.

CIRCLE THE NUMBER OF THE BEST ANSWER FOR EACH QUESTION

**1. Was the interview complete?**

- 1 YES
- 2 NO

**2. If NO, Please note reason(s):**

YES NO

- 1 2 RESPONDENT'S ILLNESS
- 1 2 RESPONDENT'S FATIGUE
- 1 2 RESPONDENT'S POOR MENTAL STATUS
- 1 2 RESPONDENT'S UNCOOPERATIVENESS
- 1 2 RESPONDENT INSULTED, UPSET BY QUESTIONS
- 1 2 UNSATISFACTORY INTERVIEW CONDITIONS

**3. Rate the quality of data**

- 1 POOR → PLEASE COMMENT ON OTHER SIDE/BELOW
- 2 FAIR → PLEASE COMMENT ON OTHER SIDE/BELOW
- 3 GOOD

**3b. Comments**

**4. This interview was conducted:**

- 1 IN PERSON
- 2 BY TELEPHONE

**5. This interview was conducted by:**

INTERVIEWER'S NAME: \_\_\_\_\_

**UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE**



**QODD  
QODD Response Cards  
AFTER-DEATH INTERVIEW**

*NOTE: Cards are produced as single pages so they can be laminated and presented to patients. Card number is at bottom left of page.*

NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	A GOOD BIT OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
0	1	2	3	4	5

Card 1



**Terrible Experience**    **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   **Almost Perfect Experience**

**Card 2**

<b>YES</b>	<b>1</b>
<b>NO</b>	<b>2</b>

**Card 3**

<b>Terrible Experience</b>	<b>Poor</b>	<b>Neither Good Nor Bad</b>	<b>Good</b>	<b>Almost Perfect Experience</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>9</b>	<b>10</b>		