

## QUALITY OF END-OF-LIFE CARE: QUESTIONNAIRE FOR FAMILY MEMBERS

In this questionnaire, we are interested in the care your family member or friend has received from his or her clinician.

Please rate this clinician on each of the following questions using a scale from 0 (“Poor”) to 10 (“Absolutely Perfect”). The middle of the scale with the value of “5” indicates “Very Good.”

Circle ONE number for each question. If you are unable to rate this clinician on a question or if a question does not apply to your family member or friend, circle the letters “NA” to indicate that this question does not apply.

Rate your family member or friend’s clinician, doctor or nurse practitioner, on each of the following: (Please circle one number for each question.)

	Poor		Very Good								Absolutely Perfect		Does not apply
1. Encourages your family member or friend’s questions...	0	1	2	3	4	5	6	7	8	9	10	NA	
2. Gives bad news in a sensitive way...	0	1	2	3	4	5	6	7	8	9	10	NA	
3. Responsive to your family member or friend’s emotional needs...	0	1	2	3	4	5	6	7	8	9	10	NA	
4. Tells your family member or friend how his/her illness may affect his/her life...	0	1	2	3	4	5	6	7	8	9	10	NA	
5. Makes sure someone is available to help when the doctor is not available...	0	1	2	3	4	5	6	7	8	9	10	NA	
6. Helps you and your family member or friend get consistent information from the entire healthcare team...	0	1	2	3	4	5	6	7	8	9	10	NA	
7. Takes into account your family member or friend’s wishes when treating pain and symptoms...	0	1	2	3	4	5	6	7	8	9	10	NA	
8. Helps you and your family member or friend understand how to provide symptom and pain control...	0	1	2	3	4	5	6	7	8	9	10	NA	

9. Treats you and your family member or friend as his/her equal...	0	1	2	3	4	5	6	7	8	9	10	NA
10. Admits when he/she does not know something...	0	1	2	3	4	5	6	7	8	9	10	NA
11. Is comfortable with dying people...	0	1	2	3	4	5	6	7	8	9	10	NA
12. Treats the whole person, not just the disease...	0	1	2	3	4	5	6	7	8	9	10	NA
13. Considers your family member or friend's social situation when making treatment plans...	0	1	2	3	4	5	6	7	8	9	10	NA
14. Provides treatment options and advice about medical care...	0	1	2	3	4	5	6	7	8	9	10	NA
15. Honors your family member or friend's wishes about end-of-life care...	0	1	2	3	4	5	6	7	8	9	10	NA
16. Knowledgeable about the care your family member or friend needs during the dying process...	0	1	2	3	4	5	6	7	8	9	10	NA
17. Knows when to stop treatments that are no longer helpful...	0	1	2	3	4	5	6	7	8	9	10	NA
18. Openly and willingly communicates with <u>you</u> ...	0	1	2	3	4	5	6	7	8	9	10	NA
19. Helps <u>you</u> understand what the dying process might be like...	0	1	2	3	4	5	6	7	8	9	10	NA
20. Acknowledges and respects your family member or friend's personal beliefs...	0	1	2	3	4	5	6	7	8	9	10	NA
21. Ensures that he/she is accessible in a timely manner...	0	1	2	3	4	5	6	7	8	9	10	NA

22. Makes your family member or friend feel confident that he/she will not be abandoned prior to death...

0 1 2 3 4 5 6 7 8 9 10 NA

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