

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE



**QUALITY OF DYING AND DEATH (QODD) IN THE INTENSIVE CARE
UNIT – SURVEY FOR NURSES**

Please return your completed questionnaire in the enclosed envelope to:

[RETURN ADDRESS]

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EXPERIENCES AT THE END OF LIFE

The following questions are about experiences that your patient may have had during the time he/she was in the ICU. Please rate each experience from your perspective, circling a number from 0 to 10. On the rating scale below, 0 = “a terrible experience” and 10 = “an almost perfect experience”. If your patient did not have a particular experience, or if you do not know enough to rate it, please check one of the boxes on the right.

	Terrible Experience											Almost Perfect Experience											Does Not Apply	Don't Know
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
1. Having control of his/her pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2. Having control over what was going on around him/her	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
3. Breathing comfortably	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
4. Keeping his/her dignity and self-respect	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
5. Spending time with his/her spouse or partner	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
6. Spending time with his/her children	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
7. Spending time with other family and friends	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
8. Being touched or hugged by loved ones	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
9. Having one or more visits from a religious or spiritual advisor	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
10. Having a spiritual service or ceremony before his/her death	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCES AT THE MOMENT OF DEATH

The next questions are about your patient's moment of death.

11a. Was anyone, including family, friends or staff, present at the moment of your patient's death? (Circle one number)

- 1 Yes
- 2 No
- 3 Don't know >>>>>>>>> Go to Question 12a.

b. How would you rate this aspect of your patient's death? (Circle one number)

Terrible Experienc e	0	1	2	3	4	5	6	7	8	9	10	Almost Perfec t	Don't Know
													<input type="checkbox"/>

12a. In the moment before your patient's death, was s/he: (Circle one number)

- 1 Awake
- 2 Asleep
- 3 In a coma or unconscious
- 4 Don't know >>>>>>>>> Go to Question 13

b. How would you rate this aspect of your patient's death? (Circle one number)

Terrible Experienc e	0	1	2	3	4	5	6	7	8	9	10	Almost Perfec t	Don't Know
													<input type="checkbox"/>

MEDICAL CARE AT THE END OF LIFE

The following questions are about aspects of medical care that your patient received in the ICU.

13a. Did your patient receive mechanical ventilation during his/her stay in the ICU? *(Circle one number)*

1 Yes

2 No

b. How would you rate this aspect of your patient's dying experience?
(Circle one number)

Terrible Experienc e	0	1	2	3	4	5	6	7	8	9	10	Almost Perfec t	Don't Know
													<input type="checkbox"/>

14a. Do you think that your patient received the right amount of sedation during his/her stay in the ICU? *(Circle one number)*

1 Yes

2 No

b. How would you rate this aspect of your patient's dying experience?
(Circle one number)

Terrible Experienc e	0	1	2	3	4	5	6	7	8	9	10	Almost Perfec t	Don't Know
													<input type="checkbox"/>

THANK YOU FOR COMPLETING THIS SURVEY. WE APPRECIATE YOUR HELP.
IF YOU HAVE ANY COMMENTS FOR US,
PLEASE FEEL FREE TO WRITE THEM BELOW OR ON THE BACK OF THIS PAGE.