I am being asked to complete this voluntary, anonymous, and completely confidential survey to aid researchers and center staff to develop palliative care programming in [Name of your Institution.] This information will be used as aggregated data only. By completing and returning the form to [Name of your Institution] data collector, I am giving consent to participate. If I desire more information, I can call [Name of Project Director(s) or contact person(s), and their phone #].

Attitudes Toward Death Survey

Please indicate how much you agree or disagree with each of the following statements, by checking the box under the statement that best describes your feelings: strongly agree, agree, not sure or mixed feelings, disagree, or strongly disagree. There are no right or wrong answers; just check the box that best describes your feelings.

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Agree Strongly</th>
<th>Agree</th>
<th>Not sure/Mixed</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The end of life is a time of great suffering.</td>
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<td>2.</td>
<td>Little can be done to help someone achieve a sense of peace at the end of life.</td>
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<td>3.</td>
<td>The use of strong pain medication can cause the patient to stop breathing.</td>
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<td>4.</td>
<td>I am not comfortable caring for the dying patient.</td>
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<td>5.</td>
<td>I am not comfortable talking to families about death.</td>
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<td>6.</td>
<td>When a patient dies I feel that something went wrong.</td>
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<td>7.</td>
<td>Feeding tubes should be used to prevent starvation at the end of life.</td>
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<td>8.</td>
<td>The nursing home is not a good place to die.</td>
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<td>9.</td>
<td>Patients have the right to refuse a medical treatment, even if that treatment prolongs life.</td>
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<td>10.</td>
<td>Dying residents should be referred to Hospice</td>
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</tbody>
</table>

OVER
11) What do you think are the most important problems in caring for the dying resident in the nursing home? (circle which is appropriate)
   a. Control of pain
   b. Depression
   c. Loneliness
   d. Legal concerns
   e. Regulatory concerns
   f. Communication with doctor
   g. Communication with other caregivers
   h. Communication with family
   i. Concern for other residents
   j. Inability to meet spiritual needs
   k. Uncertainty about what is best care
   l. Other ________________
   m. Other ________________

Name the top three from the above list.
1.
2.
3.

12) What do you think would help improve end of life care in your facility? (Circle which is appropriate)
   a. Education and training in pain control
   b. Education and training in management of other symptoms
   c. Greater access to Hospice services
   d. Greater physician involvement
   e. Greater involvement of [Your institution] staff
   f. Greater family involvement
   g. Education in legal and regulatory concerns
   h. Education in ethical issues
   i. Hospice or designated palliative care unit
   j. Use of a palliative care team
   k. Greater emphasis on spiritual care
   l. Other ________________
   m. Other ________________

Position/Title: ________________ License/Certifications (CNA,LPN,RN, etc): ____________
Have you attended any of the in-services regarding Palliative Care? ___ yes ____ no
   If yes, how many? ________ Topic areas: ____________________________________________
Center ________________________________ Date

THANK YOU!