

*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 #(s)]*

### 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.

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

OVER

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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!**