

Subject # : \_\_\_\_\_

**Canadian Health Care Evaluation Project  
(CANHELP)**

**Bereavement Questionnaire**

Date : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
          DD          MMM          YYYY

Instructions:

We understand this is a difficult time for you and we appreciate your consideration and time to complete this questionnaire concerning the care your relative received **during the last month** of his/her life in hospital or home from the doctors, nurses and other health professionals. This questionnaire contains a list of items that are considered important in terms of quality end-of-life care. For each question you will be asked to choose a number between 1 and 5 to indicate how satisfied you are with that particular aspect of care -- the higher the number, the more satisfied you are. If you choose option #1 "**Not at all Satisfied**", for example, you will be indicating that this aspect of the care your relative received did not meet any of your expectations of high quality care. At the other end of the scale, your choice of option #5 "**Completely Satisfied**" will indicate that this aspect of the care your relative received met or exceeded your expectations of quality care.

All answers are confidential and will not be shown to doctors or other health care professionals who were responsible for your relative's care. There are no right or wrong answers. **Completely honest answers are most helpful!**

Before we begin with the formal part of the questionnaire, we would be grateful if you could provide some background information from your experience.

1.A Where did your relative die?

- Hospital Ward
- Intensive Care Unit
- Palliative Care Unit
- Home or Retirement Home (or family member home)
- Long Term/Chronic Care Facility
- Other (name) \_\_\_\_\_

2.A In your opinion, was this your relative's preferred location of death?

- Yes  No

If **No**, where would your relative have preferred to die?

- Hospital Ward
- Intensive Care Unit
- Palliative Care Unit
- Home or Retirement Home (or family member home)
- Long Term/Chronic Care Facility
- Other (name) \_\_\_\_\_

3.A Was this your preferred location for your relative's death?

- Yes  No

If **No**, where would you have preferred your relative to die?

- Hospital Ward
- Intensive Care Unit
- Palliative Care Unit
- Home or Retirement Home (or family member home)
- Long Term/Chronic Care Facility
- Other (name) \_\_\_\_\_

**The following questions concern the care your relative received in the last month of his or her life.**

**For each one, please indicate the degree to which you are satisfied.**

1. In general, how satisfied are you with the quality of care your relative received *in the last month of life*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

2. In general, how satisfied are you with the way you were treated by the doctors and nurses looking after your relative *in the last month of life*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

***Relationship with the Doctors***

3. How satisfied are you that you knew the doctor(s) in charge of your relative's care *in the last month of life*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

4. How satisfied are you that the doctor(s) took a personal interest in your relative *in the last month of life*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

5. How satisfied are you that the doctor(s) were available when you or your relative needed them (by phone or in person) *in the last month of life*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

6. How satisfied are you with the level of trust and confidence you had in the doctor(s) who looked after your relative *in the last month of life*?

Not At All	Not Very	Somewhat	Very	Completely
1	2	3	4	5

**Characteristics of the Doctors and Nurses**

7. How satisfied are you with the level of trust and confidence you had in the nurses who looked after your relative *in the last month of life*?

Not At All      Not Very      Somewhat      Very      Completely  
1                      2                      3                      4                      5

8. How satisfied are you that the doctors and nurses who looked after your relative *in the last month of life* knew enough about his or her health problems to give the best possible care?

Not At All      Not Very      Somewhat      Very      Completely  
1                      2                      3                      4                      5

9. How satisfied are you that the doctors and nurses looking after your relative *in the last month of life* were compassionate and supportive of him or her?

Not At All      Not Very      Somewhat      Very      Completely  
1                      2                      3                      4                      5

10. How satisfied are you that the doctors and nurses looking after your relative *in the last month of life* were compassionate and supportive of you?

Not At All      Not Very      Somewhat      Very      Completely  
1                      2                      3                      4                      5

11. How satisfied are you that the doctors and nurses who treated your relative *in the last month of life* preserved his or her sense of dignity?

Not At All      Not Very      Somewhat      Very      Completely  
1                      2                      3                      4                      5

**Illness Management**

12. How satisfied are you with the tests that were done and the treatments that were given for your relative's medical problems *in the last month of life*?

Not At All      Not Very      Somewhat      Very      Completely  
1                      2                      3                      4                      5

13. How satisfied are you that physical symptoms (for example: pain, shortness of breath, nausea) your relative had *in the last month of life* were adequately assessed and controlled?

Not At All      Not Very      Somewhat      Very      Completely  
1                      2                      3                      4                      5



**Communication and Decision Making**

22. How satisfied are you that the doctor(s) explained things to you relating to your relative's illness *in the last month of life* in an honest manner?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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23. How satisfied are you that the doctor(s) explained things to you relating to your relative's illness *in the last month of life* in a way you could understand?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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24. How satisfied are you that you received consistent information about your relative's condition from all the doctors and nurses looking after him or her *in the last month of life*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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25. How satisfied are you that you received updates about your relative's condition, treatments, test results, etc. in a timely manner *in the last month of life*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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26. How satisfied are you that the doctor(s) listened to what you had to say *in the last month of your relative's life*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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27. How satisfied are you with discussions *in the last month of life* with the doctor(s) about where your relative would be cared for (in hospital, at home, or elsewhere)?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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**Your Involvement**

28. How satisfied are you with the level of confidence you felt in your ability to help your relative manage his/her illness *in the last month of life*?

Not At All 1	Not Very 2	Somewhat 3	Very 4	Completely 5
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29. How satisfied are you with discussions *in the last month of your relative's life* with the doctor(s) about the use of life sustaining technologies (for example: CPR or cardiopulmonary resuscitation, breathing machines, dialysis)?

Not At All      Not Very      Somewhat      Very      Completely  
 1                    2                    3                    4                    5

30. How satisfied are you that you came to understand what to expect *in the last month of your relative's life* (for example: in terms of symptoms and comfort measures)?

Not At All      Not Very      Somewhat      Very      Completely  
 1                    2                    3                    4                    5

31. How satisfied are you with your role in decision-making regarding your relative's medical care *in the last month of life*?

Not At All      Not Very      Somewhat      Very      Completely  
 1                    2                    3                    4                    5

32. How satisfied are you with discussions with your relative, while he or she was able, about preferences for care and treatment at the end of life?

Not At All      Not Very      Somewhat      Very      Completely  
 1                    2                    3                    4                    5

33. How satisfied are you that you were able to talk comfortably with your relative, *while he or she was able*, about dying and death?

Not At All      Not Very      Somewhat      Very      Completely  
 1                    2                    3                    4                    5

34. How satisfied are you that your relationship with your relative was strengthened *in the last month of life*?

Not At All      Not Very      Somewhat      Very      Completely  
 1                    2                    3                    4                    5

**Your Needs**

35. How satisfied are you with the level of confidence you felt in your relative's ability to manage his/her own illness *in the last month of life*?

Not At All      Not Very      Somewhat      Very      Completely  
 1                    2                    3                    4                    5

36. How satisfied are you that *in the last month of your relative's life* you had enough time and energy to take care of yourself?

Not At All      Not Very      Somewhat      Very      Completely  
 1                    2                    3                    4                    5



37. How satisfied are you that you had family or friends to support you when you felt lonely or isolated *in the last month of your relative's life?*

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

38. How satisfied are you that you were able *in the last month of your relative's life* to contribute to others in a meaningful way ?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

39. How satisfied are you that you and your relative did special things you wanted to do *while your relative was able* (for example: resolve conflicts, complete projects, participate in special family events, travel)?

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

40. How satisfied are you that you were at peace *in the last month of your relative's life?*

Not At All      Not Very      Somewhat      Very      Completely  
1                    2                    3                    4                    5

***Thank you for helping us to understand how to provide better care in future for patients like your relative.***