**Bereaved Family Survey Questions**

1. ***First can you tell me how you are related to [NAME]?***

Participant is the deceased’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **During *[NAME’s] last month of life, how much of the time was the staff that took care of [HIM/HER] willing to take time to listen?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Did not speak to staff who took care of [NAME]
1. **During *[NAME’s] last month of life, how often did the staff provide [HIM/HER] the medication and medical treatment that you and [HE/SHE] wanted?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Unsure
* Did not receive treatment
1. ***During [NAME’s] last month of life, how often were the staff who took care of [HIM/HER] kind, caring, & respectful?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Unsure
1. *During [NAME’s] last month of life, how often did the staff who took care of [HIM/HER] keep you or other family members informed about [HIS/HER] condition and treatment?*

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Unsure
1. ***Did anyone alert you or your family when [NAME] was about to die?***
* Yes
* No
* Unsure
* Death was unexpected
1. ***From what you know about [NAME’s] time as an inpatient, how often do you think [HIS/HER] personal care needs - such as bathing, dressing, and eating meals – were taken care of as well as they should have been?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Unsure
* Staff was not needed or wanted for personal care
1. ***In the last month of [HIS/HER] life, did [NAME] have pain or did [HE/SHE] take medicine for pain?***
* Yes (go to Q9)
* No (go to Q10)
* Unsure
1. [IF YES:] ***How often did [NAME’s] pain make [HIM/HER] uncomfortable?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Unsure
* Didn’t have pain
1. ***Some Veterans near the end of life re-experience the stress and emotions that they had when they were in combat. Did this happen to [NAME] in the last month of life?***
* Yes (go to Q11)
* No…0 (go to Q12)
* Unsure
1. [IF YES:] ***How often did [NAME’s] stress make [HIM/HER] uncomfortable?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Unsure
* Did not re-experience stress and emotions of combat
1. ***In [NAME’s] last month of life, how much of the time did the staff who took care of [HIM/HER] provide you and [NAME] the kind of spiritual support that you and [HIM/SHE] would have liked?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Did not want/need spiritual support
1. ***In [NAME’s] last month of life, how much of the time did the staff who took care of [HIM/HER] provide you and [NAME] the kind of emotional support that you and [HIM/SHE] would have liked prior to [HIS/HER] death?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Did not want/need emotional support
1. ***What about after [NAME’s] death—How much of the time did the staff who took care of [NAME] provide you the kind of emotional support you would have wanted?***

***Would you say***:

* Always
* Usually
* Sometimes
* Never
* Did not want/need emotional support
1. ***Would it have been helpful if the VA had provided more information about benefits for surviving spouses and dependents?***
* Yes
* No
* Unsure
1. ***Would it have been helpful if the VA had provided more information about burial and memorial benefits?***
* Yes
* No
* Unsure
1. ***Would it have been helpful if the VA had provided more help with [NAME’s] funeral arrangements?***
* Yes
* No
* Unsure
1. ***Overall, how would you rate the care that [NAME] received in the last month of [HIS/HER] life?***

***Would you say***:

* Excellent
* Very good
* Good
* Fair
* Poor
1. *Is there anything else that you would like to share about [PATIENT’S] care during the last month of life?*

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1. *Is there anything else that you would like to share about how the care could have been improved for [NAME]?*

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