

APPENDIX 2: HEALTH-CARE PROVIDER SURVEY



This anonymous questionnaire is for research purposes to evaluate the education needed about end of life care and aid in providing better patient communication/care. Your choice to complete or not to complete the questionnaire will have no impact on your treatment or on your relationship with your providers. The report may be published in a professional health-care journal. Thank you for your time.

Please return completed form to the registration attendant.

1. What is the definition of do not resuscitate? – Please check all that apply:
 - No cardiac resuscitation (including chest compressions, breathing tube, mechanical ventilation electrically shocking the heart and medications in attempt to restart the heart and support life)
 - No intubation or mechanical ventilation (breathing tube, breathing machine)
 - No intravenous fluids, antibiotics, medicine, nutritional support, dialysis, pain management
 - No surgical procedures
2. What is the definition of do not intubate:
 - No intubation (breathing tube)
 - No intubation or mechanical ventilation (breathing tube, breathing machine)
- No intubation or mechanical ventilation with no cardiac resuscitation (see definition in question #2)
3. Are you familiar with the Physicians Order for Life-Sustaining Treatment form?
 - Yes
 - No
4. Have you worked as a health-care provider?
 - Yes
 - No
5. Has your primary care doctor discussed advanced directives with you?
 - Yes
 - No
6. Please check your age range below
 - 18–30 years old
 - 31–64 years old
 - ≥65 years old