

APPENDIX 1: PATIENTS AND PATIENT'S FAMILY MEMBERS' 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. The report may be published in a professional health-care journal. Your choice to complete or not to complete the questionnaire will have no impact on your employment at MMC. Thank you for your time.

Once you finish the survey, please place the survey in the provided envelope.

1. Please check the box that best describes your job title:
 - Attending
 - RN
 - Nurse practitioner
 - Resident physician
 - PA
2. 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
3. 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)
4. Are you familiar with the Physicians Orders for Life-Sustaining Treatment form?
 - Yes
 - No
 5. Years of practice
 - 1–5 years
 - 6–15 years
 - >15 years
 6. If you are a PCP, do you routinely discuss advance directives with your healthy patients or their family members?
 - Yes
 - No
 - Not applicable.