Patient

Questionnaire POLST\* form

(\*in Danish: Patient and Physician Decisions for End-of-Life)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The first questions are about** personal information.

1. Age: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ years
2. Gender: ☐ Male ☐ Female

3. Have you, before the POLST conversation, talked with somebody about your preferences for

 treatments at end-of-life?

☐Yes ☐ No ☐Do not know

3a. If yes, with whom? (possible to choose more than one response)

☐ My family

☐ My friends

☐ Nursing staff

☐ General practitioner

☐ Hospital physician(s)

☐ Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As previously explained, the POLST form is an opportunity to be able to express your wishes for treatments in advance, should you later find yourself in a situation where you are not able to make decisions yourself.

**The next questions are about your** experience of the POLST form. Please read the questions and options for answers carefully and choose the answer that fits best.

4. Do you find the POLST form contains the information, you needed?

☐ No, there was much less information than I needed

☐ No, there was a little less information than I needed

☐ Yes, the amount of information was appropriate

☐ Yes, but there was a little more information than I needed

☐ Yes, but there was much more information than I needed

☐ Don´t know

4a. If less or more information than you needed, what could be added and/or removed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you find that the POLST form was usable to talk about wishes for levels of life-sustaining treatment?

* 1. The conversation with me (my family member) and the **physician**:

☐Yes, to a very high degree

☐Yes, to a high degree

☐Yes, to some degree

☐Yes, but to a lesser degree

☐No, not at all

☐Not applicable

Additional comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. The conversation between me (my family member) and a **nurse**:

☐Yes, to a very high degree

☐Yes, to a high degree

☐Yes, to some degree

☐☐Yes, but to a lesser degree

☐No, not at all

☐Not applicable

Additional comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. The conversation between me and my **family members**:

☐ Yes, to a very high degree

☐ Yes, to a high degree

☐ Yes, to some degree

☐ Yes, but to a lesser degree

☐ No, not at all

☐ Not applicable

Additional comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you find that you through the conversations have received sufficient information to be able to make decisions about end-of-life treatments?

☐ No, I received much less information than I needed

☐ No, I received a little less information than I needed

☐ Yes, I received sufficient information

☐ Yes, but I received a little more information than I needed

☐ Yes, but I received much more information than I needed

☐ Don´t know

1. Do you find that the POLST form was usable to make decisions about end-of-life treatments?

☐ Yes, to a very high degree

☐ Yes, to a high degree

☐ Yes, to some degree

☐ Yes, but to a lesser degree

☐ No, not at all

☐ Not applicable

Additional comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you find is good and/or less good about the POLST form?

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1. Do you have other comments or ideas about the POLST form?

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**Physician questionnaire**

**The first questions are about** personal information.

1. Age: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ years
2. Gender: ☐ Male ☐ Female
3. Profession:

☐ Hospital physician

☐ General practitioner

☐ Other

**The next questions are about your** experience of the POLST form.

4. Is there information in the POLST form that you find should be added and/or removed?

☐ Yes ☐ No

4a. If yes, what should be added and/or removed?

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5. Do you find that the POLST form was usable to talk with the patient about which treatments he/her wished to receive at the end-of-life?

☐ Yes, to a very high degree

☐ Yes, to a high degree

☐ Yes, to some degree

☐ Yes, but to a lesser degree

☐ No, not at all

☐ Not applicable

5a. Additional comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Do you find that the POLST form was usable to create /make decisions about which treatments the patient wished to receive at the end-of-life?

☐ Yes, to a very high degree

☐ Yes, to a high degree

☐ Yes, to some degree

☐ Yes, but to a lesser degree

☐ No, not at all

☐ Not applicable

6a. Additional comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. How long have the conversations taken on average? (set aside time for project information, filling in consent forms etc.)

☐ < 15 minutes

☐ 15 - <25 minutes

☐ 25 - <35 minutes

☐ 35 minutes or more

8. What do you find is good and/or less good about the POLST form?

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9. Do you have other comments or ideas about the patients’ end-of-life?

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**Nursing staff questionnaire** (identical with physician questionnaire except profession)

1. Profession:

☐ Registered Nurse

☐ Nursing Assistants

☐ Social- and Health Care Helper

☐ Other