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## NHATS Round 3: Last Month of Life

Section LM [LAST MONTH]

Sequence: 2.75

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**BOX LM1PRE**

**BOX LM1PRE**

NOT ON FILE

If NotAlertFlag=1, go to LM4.

Otherwise, go to LM1PRE.

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**LM1PRE**

**LM1PRE**

NOT ON FILE

**QUESTION TEXT:**

These next few questions are about {SP}'s care in the last month of life. If {he/she} did not receive any care in the last month, a few of those questions might not apply. If this is the case, just let me know, and we'll go on to the next question.

PRESS 1 AND ENTER TO CONTINUE

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**LM1**

**lm3pain**

R3 LM1 PAIN IN LAST MONTH

**QUESTION TEXT:**

During the last month of {SP}'s life, were there times when {he/she} experienced pain?

**CODES**

|   |            |     |
|---|------------|-----|
| 1 | YES        |     |
| 2 | NO         | LM2 |
|   | REFUSED    | LM2 |
|   | DON'T KNOW | LM2 |

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**LM1A**

**lm3painhlp**

R3 LM1A GET HELP WITH PAIN

**QUESTION TEXT:**

Did {SP} get any help in dealing with {his/her} pain?

**CODES**

|   |            |     |
|---|------------|-----|
| 1 | YES        |     |
| 2 | NO         | LM2 |
|   | REFUSED    | LM2 |
|   | DON'T KNOW | LM2 |

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**LM1B**

**lm3painhlpam**

R3 LM1B PAIN HELP AMOUNT

**QUESTION TEXT:**

How much help in dealing with {his/her} pain did {SP} receive: less than was needed, more than was needed, or about the right amount?

**CODES**

|   |                      |
|---|----------------------|
| 1 | LESS THAN WAS NEEDED |
| 2 | MORE THAN WAS NEEDED |
| 3 | ABOUT RIGHT AMOUNT   |
|   | REFUSED              |
|   | DON'T KNOW           |

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**LM2****lm3bre**

R3 LM2 BREATHING TROUBLE

**QUESTION TEXT:**

During the last month of {SP}'s life, were there times when {he/she} had trouble breathing?

**CODES**

|   |            |     |
|---|------------|-----|
| 1 | YES        |     |
| 2 | NO         | LM3 |
|   | REFUSED    | LM3 |
|   | DON'T KNOW | LM3 |

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**LM2A****lm3brehlp**

R3 LM2A GET HELP WITH BREATHING

**QUESTION TEXT:**

Did {SP} get any help in dealing with {his/her} trouble breathing?

**CODES**

|   |            |     |
|---|------------|-----|
| 1 | YES        |     |
| 2 | NO         | LM3 |
|   | REFUSED    | LM3 |
|   | DON'T KNOW | LM3 |

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**LM2B****lm3brehlpam**

R3 LM2B BREATHING HELP AMOUNT

**QUESTION TEXT:**

How much help in dealing with {his/her} breathing did {SP} receive: less than was needed, more than was needed, or about the right amount?

**CODES**

|   |                      |
|---|----------------------|
| 1 | LESS THAN WAS NEEDED |
| 2 | MORE THAN WAS NEEDED |
| 3 | ABOUT RIGHT AMOUNT   |
|   | REFUSED              |
|   | DON'T KNOW           |

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**LM3****lm3sad**

R3 LM3 ANXIOUS OR SAD LAST MONTH

**QUESTION TEXT:**

During the last month of {SP}'s life, did {he/she} have any feelings of anxiety or sadness?

**CODES**

|   |            |     |
|---|------------|-----|
| 1 | YES        |     |
| 2 | NO         | LM4 |
|   | REFUSED    | LM4 |
|   | DON'T KNOW | LM4 |

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**LM3a****lm3sadhlp**

R3 LM3A GET HELP FOR ANXIOUS SAD

**QUESTION TEXT:**

Did {SP} get any help in dealing with {his/her} feelings of anxiety or sadness?

**CODES**

|   |     |
|---|-----|
| 1 | YES |
|---|-----|

|   |            |     |
|---|------------|-----|
| 2 | NO         | LM4 |
|   | REFUSED    | LM4 |
|   | DON'T KNOW | LM4 |

**LM3B**                                      **lm3sadhlpam**                                      R3 LM3B ANXIOUS SAD HELP AMOUNT

**QUESTION TEXT:**

How much help in dealing with these feelings did {SP} receive: less than was needed, more than was needed, or about the right amount?

**CODES**

- 1                      LESS THAN WAS NEEDED
- 2                      MORE THAN WAS NEEDED
- 3                      ABOUT RIGHT AMOUNT
- REFUSED
- DON'T KNOW

**LM4**                                              **lm3caredecis**                                              R3 LM4 DEC ABOUT CARE WO INPUT

**QUESTION TEXT:**

During the last month of {SP}'s life, was there ever a decision made about {his/her} care or treatment without enough input from {him/her} or {his/her} family?

**CODES**

- 1                      YES
- 2                      NO
- 3                      DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE
- REFUSED
- DON'T KNOW

**LM5**                                              **lm3carenowan**                                              R3 LM5 DEC ABOUT CARE NOT WANTED

**QUESTION TEXT:**

During the last month of {SP}'s life, was there any decision made about care or treatment that {he/she} would not have wanted?

**CODES**

- 1                      YES
- 2                      NO
- 3                      DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE
- REFUSED
- DON'T KNOW

**LM6**                                              **lm3perscare**                                              R3 LM6 PERSONAL CARE NEEDS MET

**QUESTION TEXT:**

During the last month of {SP}'s life, how often were {his/her} personal care needs, such as bathing, dressing, and changing bedding, taken care of as well as they should have been: always, usually, sometimes, or never?

**CODES**

- 1                      ALWAYS
- 2                      USUALLY
- 3                      SOMETIMES
- 4                      NEVER
- 5                      DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE

REFUSED  
DON'T KNOW

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**LM7****Im3respect**

R3 LM7 TREATED WITH RESPECT

**QUESTION TEXT:**

During the last month of {SP}'s life, how often were {he/she} treated with respect by those who were taking care of {him/her}: always, usually, sometimes, or never?

**CODES**

- 1 ALWAYS
- 2 USUALLY
- 3 SOMETIMES
- 4 NEVER
- 5 DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE  
REFUSED  
DON'T KNOW

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**LM8****Im3informed**

R3 LM8 INFORMED ABOUT CONDITION

**QUESTION TEXT:**

During the last month of {SP}'s life, how often were you or other family members kept informed about {him/her} condition: always, usually, sometimes, or never?

**CODES**

- 1 ALWAYS
- 2 USUALLY
- 3 SOMETIMES
- 4 NEVER
- 5 DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE  
REFUSED  
DON'T KNOW

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**LM9****Im3doctor**

R3 LM9 MORE THAN ONE DOCTOR

**QUESTION TEXT:**

During the last month of {SP}'s life, was there more than one doctor involved in {his/her} care?

**CODES**

- 1 YES
- 2 NO BOX LM10
- 3 DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE BOX LM10  
REFUSED BOX LM10  
DON'T KNOW BOX LM10

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**LM9A****Im3docclear**

R3 LM9A CLEAR DOCTOR IN CHARGE

**QUESTION TEXT:**

During the last month of {SP}'s life, was it always clear to you which doctor was in charge of {his/her} care?

**CODES**

- 1 YES
- 2 NO  
REFUSED  
DON'T KNOW

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**BOX LM10****BOX LM10**

NOT ON FILE

IF NOTALERTFLAG=1 (YES), go to LM11.

Otherwise, go to LM10.

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**LM10****Im3relg**

R3 LM10 TALK RELIGIOUS BELIEFS

**QUESTION TEXT:**

During the last month of life, did any doctors, nurses, or other health professional talk with {SP} about {his/her} religious beliefs?

**CODES**

|   |                                              |      |
|---|----------------------------------------------|------|
| 1 | YES                                          |      |
| 2 | NO                                           | LM11 |
| 3 | DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE | LM11 |
|   | REFUSED                                      | LM11 |
|   | DON'T KNOW                                   | LM11 |

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**LM10A****Im3relgamt**

R3 LM10A RELIGIOUS BELIEF CONTACT

**QUESTION TEXT:**

During the last month of {SP}'s life, do you think {he/she} had as much contact of this kind as {he/she} wanted?

**CODES**

|   |            |  |
|---|------------|--|
| 1 | YES        |  |
| 2 | NO         |  |
|   | REFUSED    |  |
|   | DON'T KNOW |  |

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**LM11****Im3ratecare**

R3 LM11 HOW RATE CARE

**QUESTION TEXT:**

Overall, how would rate {SP}'s care in the last month of life? Would you say it was, excellent, very good, good, fair, or poor?

**CODES**

|   |                                              |  |
|---|----------------------------------------------|--|
| 1 | EXCELLENT                                    |  |
| 2 | VERY GOOD                                    |  |
| 3 | GOOD                                         |  |
| 4 | FAIR                                         |  |
| 5 | POOR                                         |  |
| 6 | DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE |  |
|   | REFUSED                                      |  |
|   | DON'T KNOW                                   |  |

**PROGRAMMER INSTRUCTIONS:**

Go to Section MD – Mobility Devices

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