
NHATS Round 7: Last Month of Life

Section LM [LAST MONTH]

Sequence: 2.75

BOX LM1PRE

BOX LM1PRE

NOT ON FILE

If NotAlertFlag=1, go to LM4.

Otherwise, go to LM1PRE.

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 care, just let me know, and we'll go on to the next question.

PRESS 1 AND ENTER TO CONTINUE

LM1

lm7pain

R7 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 |

LM1A

lm7painhlp

R7 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 |

LM1B

lm7painhlpam

R7 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 |

LM2**lm7bre**

R7 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 |

LM2A**lm7brehlp**

R7 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 |

LM2B**lm7brehlpam**

R7 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 |

LM3**lm7sad**

R7 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 |

LM3A**lm7sadhlp**

R7 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**lm7sadhlpam**

R7 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**lm7caredecis**

R7 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**lm7carenowan**

R7 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**lm7perscare**

R7 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

LM7**lm7respect**

R7 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

LM8

Im7informed

R7 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

LM9

Im7doctor

R7 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

LM9A

Im7docclear

R7 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

BOX LM10

BOX LM10

NOT ON FILE

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

Otherwise, go to LM10.

LM10**Im7relg**

R7 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 |

LM10A**Im7relgamt**

R7 LM10A RELIGIOUS BLIEF 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 |

LM11**Im7ratecare**

R7 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
