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## NHATS Round 4: 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**

**lm4pain**

R4 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**

**lm4painhlp**

R4 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**

**lm4painhlpam**

R4 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****lm4bre**

R4 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****lm4brehlp**

R4 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****lm4brehlpam**

R4 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****lm4sad**

R4 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****lm4sadhlp**

R4 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  
DON'T KNOW

LM4  
LM4

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**LM3B****lm4sadhlpam**

R4 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

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**LM4****lm4caredecis**

R4 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

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**LM5****lm4carenowan**

R4 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

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**LM6****lm4perscare**

R4 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****Im4respect**

R4 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****Im4informed**

R4 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****Im4doctor**

R4 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****Im4docclear**

R4 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.

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**LM10****Im4relg**

R4 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****Im4relgamt**

R4 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	

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**LM11****Im4ratecare**

R4 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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