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   lm6pain   R6 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   lm6painhlp   R6 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   lm6painhlpam   R6 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   lm6bre   R6 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   lm6brehlp   R6 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   lm6brehlpam   R6 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   lm6sad   R6 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   lm6sadhlp   R6 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   lm6sadhlpam   R6 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   lm6caredecis   R6 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   lm6carenowan   R6 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   lm6perscare   R6 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   lm6respect   R6 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   lm6informed   R6 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   lm6doctor   R6 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   lm6docclear   R6 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   lm6relg   R6 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 INLAST MONTH OF LIFE	LM11
	REFUSED	LM11
	DON'T KNOW	LM11

LM10A   lm6relgamt   R6 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   lm6ratecare   R6 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