
NHATS Round 9: 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

lm9pain

R9 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

lm9painhlp

R9 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

lm9painhlpam

R9 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**lm9bre**

R9 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**lm9brehlp**

R9 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**lm9brehlpam**

R9 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**lm9sad**

R9 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**lm9sadhlp**

R9 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 **lm9sadhlpam** R9 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 **lm9caredecis** R9 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 **lm9carenowan** R9 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 **lm9perscare** R9 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

lm9respect

R9 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

lm9informed

R9 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

lm9doctor

R9 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

lm9docclear

R9 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

Im9relg

R9 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

Im9relgamt

R9 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

Im9ratecare

R9 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