

QUESTIONNAIRE ON THE AWARENESS AND KNOWLEDGE OF PALLIATIVE MEDICAL CARE

1. In your opinion, what are the greatest fears of a patient who has been diagnosed with a terminal illness? (Please select three of the following options and rank them in order of relevance – 1st, 2nd, 3rd)

- ___ Fear of pain.
- ___ Fear of death.
- ___ Fear of no longer being independent.
- ___ Fear of losing mental capabilities.
- ___ Fear of loneliness.
- ___ Fear of becoming disabled/immobile.
- ___ Fear of financial burdens.
- ___ Fear of being a burden to someone.
- ___ I don't know.

2. What services do you think should be provided to people with a terminal illness and their families? (You may give several answers.)

- a) Help at home in case of pain and other symptoms.
- b) Domestic care for the patient during the day.
- c) Domestic care for the patient at night.
- d) Complementary therapies.
- e) Pastoral care.
- f) A social worker that the patient and family could reach on the phone if necessary.
- g) Assistance with household tasks, shopping, transportation etc.
- h) Additional support at home to allow the family caregivers to have some free time and time for themselves.
- i) Information and advice on financial aid.
- j) Medical care in a hospice.
- k) Medical care in hospital.

3. How much do you think people generally speak about death and dying? (Please select one answer only.)

- a) Too little.

- b) About the right amount.
- c) Too much.

4. If you had a terminal illness, where would you like to spend the final stage of your life? (Please select one answer only.)

- a) At home.
- b) In a hospital.
- c) In a nursing home.
- d) I don't know.

5. Do you know what a patient decree is?

- a) Yes.
- b) No.

6. How do you rate your knowledge and awareness of palliative care? (Please select one answer only.)

- a) I know nothing about palliative care.

(If "a" is true for you, please continue to question 15.)

- b) I have heard about palliative care.
- c) I know a fair amount about palliative care.
- d) I know a great deal about palliative care.

7. If you have already heard of palliative care, where did you find out about it? (You may give several answers.)

- a) I have received palliative care myself.
- b) A close friend/relative has received palliative care.
- c) A distant relative/acquaintance has received palliative care.
- d) A neighbor has received palliative care.

- e) A friend or relative has told me about it.
- f) I work with patients that receive palliative care.
- g) I work in the field of medicine.
- h) Radio/TV/newspaper.
- i) Internet/social media.
- j) Fundraising/charity drives.
- k) Other: _____

8. Please select the following sentence that in your opinion best describes palliative care. (Please select one answer only.)

- a) Palliative care hastens death.
- b) Palliative care delays death.
- c) Palliative care permits the patient to continue living an active life.
- d) Palliative care calms the patient.
- e) Palliative care improves the patient's quality of life.
- f) I don't know.

9. What do you think are the greatest needs of patients with a terminal illness that have reached the end of their lives? (Please select three of the following options and rank them in order of relevance – 1st, 2nd, 3rd)

- ___ Reduction in physical suffering.
- ___ Specialist medical care.
- ___ Home nursing care (medical and nursing services).
- ___ Support for home-based caregivers.
- ___ Professional psychological support.
- ___ Spiritual support.
- ___ I don't know.

10. What do you think are the greatest needs of family members that provide care to a patient with a terminal illness? (Please select three of the following options and rank them in order of relevance – 1st, 2nd, 3rd)

- ___ 24-hour specialist care.
- ___ Home nursing care.
- ___ Access to and availability of voluntary caregivers.
- ___ Specially adapted residential facilities/hospices.
- ___ Psychological care.
- ___ Grief counseling.
- ___ I don't know.

11. Where and by whom do you think care is best provided to patients with a terminal illness? (Please select one answer only.)

- a) At home by family/relatives.
- b) At home by professional care workers.
- c) In a hospice.
- d) In hospital.
- e) I don't know.

12. Has anyone in your family or circle of friends and acquaintances had any personal experience of palliative care? (Please select one answer only.)

- a) Yes.
- b) No.

13. Among patients with the illnesses listed in the table below, which do you think should receive palliative care? (Please mark one of the options for each illness.)

	5 (I fully agree.)	4 (I agree.)	3 (I partly agree.)	2 (I don't agree.)	1 (I don't agree at all.)	I don't know	I don't know anything about this illness
Cancer							
Kidney failure							
Amyotrophic Lateral Sclerosis (ALS)							
Dementia							
Stroke							
Heart failure							
HIV/AIDS							
Chronic lung diseases							
Multiple Sclerosis							

14. If you were diagnosed with a terminal illness, when would you like to be provided with information on palliative care? (Please select one answer only.)

- a) I would not want any information.
- b) I would like the information to be publicly available.
- c) I would like to receive such information when my terminal illness became life-threatening.
- d) I would like to receive such information when it became clear that I was dying of my terminal illness.

15. How old are you? __

16. Gender:

- a) Female
- b) Male

17. Highest level of education:

- a) Compulsory schooling incomplete
- b) Compulsory schooling
- c) Apprenticeship
- d) Technical college/trade school
- e) High school (general qualification for university entrance)
- f) University of Applied Sciences
- g) University

18. Postal code of your home: _____