NHATS Round 2: 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

lm2pain

R2 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
3 REFUSED
4 DON'T KNOW

LM1A

lm2painhip

R2 LM1A GET HELP WITH PAIN

QUESTION TEXT:
Did [SP] get any help in dealing with [his/her] pain?

CODES
1 YES
2 NO
3 REFUSED
4 DON'T KNOW

LM1B

lm2painhipam

R2 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
4 REFUSED
5 DON'T KNOW
LM2

**Im2bre**  R2 LM2 BREATHING TROUBLE

**QUESTION TEXT:**

During the last month of {SP}'s life, were there times when {he/she} had trouble breathing?

**CODES**

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LM2A

**Im2brehlp**  R2 LM2A GET HELP WITH BREATHING

**QUESTION TEXT:**

Did {SP} get any help in dealing with {his/her} trouble breathing?

**CODES**

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LM2B

**Im2brehlpam**  R2 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**

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<td>ABOUT RIGHT AMOUNT</td>
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LM3

**Im2sad**  R2 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**

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LM3a

**Im2sadhlp**  R2 LM3A GET HELP FOR ANXIOUS SAD

**QUESTION TEXT:**

Did {SP} get any help in dealing with {his/her} feelings of anxiety or sadness?

**CODES**

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<td>DON'T KNOW</td>
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**LM3B**  
**Im2sadhlpm**  
**R2 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
4. REFUSED
5. DON'T KNOW

**LM4**  
**Im2caredecis**  
**R2 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
4. REFUSED
5. DON'T KNOW

**LM5**  
**Im2carenowan**  
**R2 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
4. REFUSED
5. DON'T KNOW

**LM6**  
**Im2perscare**  
**R2 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
LM7

**im2respect**

**R2 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
6. REFUSED
7. DON'T KNOW

LM8

**im2informed**

**R2 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
6. REFUSED
7. DON'T KNOW

LM9

**im2doctor**

**R2 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
3. DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE
4. REFUSED
5. DON'T KNOW

Box LM10

LM9A

**im2docclear**

**R2 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
3. REFUSED
4. DON'T KNOW
IF NOTALERTFLAG=1 (YES), go to LM11.
Otherwise, go to LM10.

LM10

im2relg

R2 LM10 TALK RELIGIOUS BELIEFS

QUESTION TEXT:
During the last month of life, did any doctors, nurses, other health professional talk with {SP} about {his/her} religious beliefs?

CODES

1 YES
2 NO
3 DOES NOT APPLY/NO CARE IN LAST MONTH OF LIFE

LM10A

im2relgamt

R2 LM10A RELIGIOUS BELIEF 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

LM11

im2ratecare

R2 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

PROGRAMMER INSTRUCTIONS:

Go to Section MD – Mobility Devices