These next few questions are about the care you provided during {SP}'s last month of life. PRESS 1 AND ENTER TO CONTINUE

**LL1**

**cll7painhlp**

C7 LL1 HELP SP MANAGE PAIN

**QUESTION TEXT:**

During the last month of {SP}'s life, were there times when you helped {him/her} manage {his/her} pain?

**CODES**

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**LL2**

**cll7brehlp**

C7 LL2 HELP SP MANAGE BREATHING

**QUESTION TEXT:**

During the last month of {SP}'s life, were there times when you helped {him/her} manage {his/her} breathing?

**CODES**

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**LL3**

**cll7sadhlp**

C7 LL3 HELP SP MANAGE SADNESS ANXIETY

**QUESTION TEXT:**

During the last month of {SP}'s life, were there times when you helped {him/her} with feelings of anxiety or sadness?

**CODES**

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**BOX LL4**

**BOX LL4**

NOT ON FILE

If LL1=1 (YES) or LL2=1 (YES) or LL3=1 (YES), go to LL4.
Otherwise, go to LL5.

**LL4**

**cll7training**

C7 LL4 MED PROVIDER GIVE TRAINING LML
QUESTION TEXT:
Did {SP}'s medical providers give you the training you needed to care for {him/her} in the last month of {his/her} life?

CODES
1  YES
2  NO OR NOT ENOUGH
3  DOES NOT APPLY
   REFUSED
   DON'T KNOW

LL5  cll7talkmed  C7 LL5 TALK TO SP ABOUT MEDICAL CARE

QUESTION TEXT:
During the last month of {SP}'s life, did you talk with {him/her} about the kind of medical care that {he/she} wanted or did not want?

CODES
1  YES
2  NO
   REFUSED
   DON'T KNOW

LL6  cll7makedecis  C7 LL6 MAKE MEDICAL DECISIONS FOR SP

QUESTION TEXT:
During the last month of {SP}'s life, did you make any medical decisions for {him/her}?

CODES
1  YES
2  NO
   REFUSED
   DON'T KNOW

LL7  cll7caredecis  C7 LL7 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 you?

CODES
1  YES
2  NO
   REFUSED
   DON'T KNOW

LL8  cll7carenowan  C7 LL8 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 you did not want?

CODES
1  YES
2  NO
**QUESTION TEXT:**

During the last month of [SP]'s life, how often were you treated with respect by those who were taking care of [him/her]. Would you say always, usually, sometimes, or never?

**CODES**

1. ALWAYS
2. USUALLY
3. SOMETIMES
4. NEVER
5. DOES NOT APPLY
6. REFUSED
7. DON'T KNOW

**PROBLEM INSTRUCTIONS:**

Go to Section HC – Health Care Interactions.