Last Days of Life Toolkit Pre-Implementation Staff Survey

LHD/Facility Logo

To be completed by staff involved in the care of dying patients

1. **Please tick your role in patient care**

|  |  |
| --- | --- |
|  | Medical staff |
|  | Nursing staff |
|  | Allied Health staff |

1. **How often do you manage people who are dying as part of your role**

|  |  |
| --- | --- |
|  | Often |
|  | Sometimes |
|  | Not often |
|  | Never |

3. How would you describe your overall knowledge of caring for patients who are dying and their family/carers

|  |  |
| --- | --- |
|  | Little or no experience |
|  | Some experience |
|  | Extensive experience |

1. **How would you rate your level of confidence in caring for patients who are dying?**

|  |  |
| --- | --- |
|  | Not confident |
|  | Somewhat confident |
|  | Confident |
|  | Very confident |

1. **Have you attended an education session on the Last Days of Life Toolkit**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Did you receive any written information about the toolkit?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

