

Examples of Key Questions included in the study

1. Expectation of death

Was this patient's death expected to you?

<input type="checkbox"/>	No→if No >>>> (free text question pop up) Please comment why were you surprised? _____ _____														
<input type="checkbox"/>	Yes→if Yes >>>> (question a and b pop up) <p>a. How did you become aware that this patient would die in the foreseeable future? (tick all that apply)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>I made the judgement based on patient's condition, investigation and other information</td></tr> <tr><td><input type="checkbox"/></td><td>Through information from the medical specialist(s)</td></tr> <tr><td><input type="checkbox"/></td><td>Through information from palliative care health professional(s)</td></tr> <tr><td><input type="checkbox"/></td><td>Through information from home-care nursing staff(s)</td></tr> <tr><td><input type="checkbox"/></td><td>Through information from the patient or his/her relative(s)</td></tr> <tr><td><input type="checkbox"/></td><td>Other, namely_____</td></tr> <tr><td><input type="checkbox"/></td><td>Not applicable, because_____</td></tr> </table> <p>b. Approximately, how long before death did you become aware that this patient would die in the foreseeable future?</p> <p>_____ days before death OR</p> <p>_____ weeks before death OR</p> <p>_____ months before death</p>	<input type="checkbox"/>	I made the judgement based on patient's condition, investigation and other information	<input type="checkbox"/>	Through information from the medical specialist(s)	<input type="checkbox"/>	Through information from palliative care health professional(s)	<input type="checkbox"/>	Through information from home-care nursing staff(s)	<input type="checkbox"/>	Through information from the patient or his/her relative(s)	<input type="checkbox"/>	Other, namely_____	<input type="checkbox"/>	Not applicable, because_____
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<input type="checkbox"/>	Through information from the patient or his/her relative(s)														
<input type="checkbox"/>	Other, namely_____														
<input type="checkbox"/>	Not applicable, because_____														

2. Provision of services involving GPs

Did you provide or participate in the following services for this patient in the last year of life? (tick all that apply)

	Service	Yes	No	Not applicable
a	Consultation on phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Telehealth/videoconference consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Home visits/Residential care visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Family meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Case conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Hospice consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Hospital consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Care plans/ Team-care arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Other, specify_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. GP perceived role in caring for the patient

Which of the following statements best describes your role in coordinating care for this patient in their last 12 months of life?

<input type="checkbox"/>	For the most part, I was the individual who was primarily responsible for coordinating the care for the patient during the last 12 months of their life
<input type="checkbox"/>	For the most part, I was part of a team that was responsible for coordinating the care for the patient during the last 12 months of their life
<input type="checkbox"/>	The patient was referred to another individual or agency who became responsible for coordinating and providing most of the care for the patient during the last 12 months of their life

4. Feedback from external services that undertook the last week of care of the patient

Did you receive any communication/feedback/summaries (verbally or in writing) about the patient's care from the service which undertook care in the 7 days immediately prior to their death? (section will appear more than one time if more than one option was ticked in part a)

<input type="checkbox"/>	Not applicable (i.e. last episode of care was provided by myself without others services involved)																						
<input type="checkbox"/>	No																						
<input type="checkbox"/>	Yes→if Yes (question b pop up)																						
	<p>a. From which services? (tick all that apply)</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Hospital apart from the palliative care unit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Palliative care unit in hospital or Inpatient hospice</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community palliative care service</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community nursing service</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Residential aged care facility</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other, specify _____</td> </tr> </table> <p>b. How satisfied were you with the communication between you and this service?</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Not at all</td> </tr> <tr> <td><input type="checkbox"/></td> <td>A little bit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Somewhat</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Quite a bit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Very much</td> </tr> </table>	<input type="checkbox"/>	Hospital apart from the palliative care unit	<input type="checkbox"/>	Palliative care unit in hospital or Inpatient hospice	<input type="checkbox"/>	Community palliative care service	<input type="checkbox"/>	Community nursing service	<input type="checkbox"/>	Residential aged care facility	<input type="checkbox"/>	Other, specify _____	<input type="checkbox"/>	Not at all	<input type="checkbox"/>	A little bit	<input type="checkbox"/>	Somewhat	<input type="checkbox"/>	Quite a bit	<input type="checkbox"/>	Very much
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5. Whether the last year of care could have been improved?

Do you think the care for this patient could have been improved during the last year of care?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

6. Difficult tasks in caring for the patient

What do you think were the most difficult aspects of caring for this patient and/or the carers in the last year of life?
Please choose **UP TO THREE** of the most difficult:

<input type="checkbox"/>	Physical treatment and care of the patient
<input type="checkbox"/>	Psychological, social and existential treatment and care of the patient
<input type="checkbox"/>	Communication, planning and decision making with the patient
<input type="checkbox"/>	Communication, planning and decision making with family and other informal caregivers
<input type="checkbox"/>	Coordination with other services and continuity of care
<input type="checkbox"/>	Communication/information exchange with other services
<input type="checkbox"/>	Support of family and informal care caregivers
<input type="checkbox"/>	Support of the patient to stay at home/ be cared at home
<input type="checkbox"/>	Other, specify _____

7. Symptoms prevalence and relief

To your knowledge, did the patient have the following symptoms during the **last week** prior to death? (tick all that apply)

		Yes >>>>>(scales on the right appear)	No	Unknown	→If Yes, to what degree were these symptoms addressed?					
					0 Unknown	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very much
a	Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Reduced Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Breathing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Psychological problems (e.g anxiety, depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>