

## **SATISFACTION WITH CARE AT END-OF-LIFE (SWC-EOLD)**

**Strongly Disagree**   **Disagree**   **Agree**   **Strongly Agree**  
**1**   **2**   **3**   **4**

- 1. I feel that my care recipient got all necessary nursing assistance.**
- 2. My care recipient received all treatments or interventions that he or she could have benefited from.**
- 3. All measures were taken to keep my care recipient comfortable.**
- 4. The health care team was sensitive to my needs and feelings.**
- 5. I felt fully involved in all decision making.**
- 6. I did not understand my care recipient's condition (reverse item)**
- 7. I would probably have made different decisions, if I had had more information. (reverse item)**
- 8. I always knew which doctor or nurse was in charge of my care recipient. (reverse item)**
- 9. I felt that all medication issues were clearly explained to me. (reverse item)**
- 10. I felt my care recipient need better medical care at the end of life (reverse item)**

**Volicer L, Hurley, AC and Blasi ZV (2001) *Scales for evaluation of end of life care in dementia*. Alzheimer Disease and Associated Disorders, Vol 15, No 4, pp 194-200.**