

Clinical Practice Evaluations

EPEC is designed to improve attitudes, knowledge, and skills in end-of-life care. Four projects are included in the syllabus to help programs measure actual end-of-life clinical practice. These projects cover the following end-of-life clinical domains:

- Project 1 Pain assessment/documentation
- Project 2 Use of analgesic medication
- Project 3 Advanced care planning
- Project 4 Hospice referrals

The four projects can be implemented for one or more of the following purposes:

- As a measure of overall end-of-life clinical practice; the measure can then be repeated at some future time following your interventions;
- As a measure of current practice for a particular inpatient team (especially Projects 1-3);
- To provide documentation of the need for changes; documentation that may be needed by stakeholders in regard to resource allocation;
- As a stimulus to learning – see specific projects and how they can serve as starting points for education;

All four projects can be completed by a chief resident, if available, and/or with the assistance of the quality improvement staff (Note: the latter are typically looking for these types of projects and welcome the opportunity to help). Data collection for Projects 1-3 is readily available from inpatient charts; Project 4 will require greater time commitment, including prospective data collection.

PROJECT #1

PAIN ASSESSMENT DOCUMENTATION

Purpose: to review pain assessment and documentation practices.

Protocol:

1. Select 5-10 *current* inpatient charts per inpatient team, criteria for selection:

- Pain was a major problem at the time of admission
- Any primary pain diagnosis is appropriate: acute, chronic non-malignant, or malignant pain;
- Duration of admission at least 72 hours;
- Patient is cognitively intact – can give reliable pain history.

2. Review admission H + P for following items:

	YES	NO
Pain location	_____	_____
Pain duration	_____	_____
Pain intensity (using a quant. scale)	_____	_____
Pain quality (descriptors)	_____	_____
Patient goal for pain relief is defined	_____	_____
Effect of pain on ADL's	_____	_____
Analgesic history	_____	_____

3. Review daily progress notes:

- is there adequate information about pain contained in the “S” of a SOAP note?
- is pain listed in the problem list?
- is a plan listed for adjusting the pain treatment regimen?

4. Review results with team and provide teaching session on pain assessment – you will almost certainly need to also review “Diagnosis of addiction and other psychiatric disorders in patients with pain” and allow time to discuss differentiation of what clinicians view as “real pain” (eg, cancer pain) from other “pain” (eg, presumed addiction or other complaints of pain not substantiated by medical facts).

PROJECT #2

PAIN MANAGEMENT – DRUG THERAPY

Purpose: to review prescribing patterns of analgesic medication.

Protocol:

1. Select 5-10 *current* inpatient charts per inpatient team, criteria for selection:
 - Pain was a major problem at the time of admission;
 - Any primary pain diagnosis is appropriate, acute, chronic non-malignant, or malignant pain;
 - Duration of admission at least 72 hours.
2. Write down all analgesic orders from the order sheet for the first 72 hours since admission.
3. The following guidelines should be used as standards, against which the orders should be judged as being “appropriate” or “inappropriate”:

Inappropriate orders:

- More than one combination analgesic (Tyl. #3 and Percocet), is ordered at the same time;
 - Only “prn” medications are ordered for a continuous pain syndrome;
 - The duration of administration is greater than 4 hours for the following drugs: any codeine, oxycodone or hydrocodone combination product;
 - Any intramuscular opioid injections – especially for a patient with an existing IV;
 - More than one long-acting opioid (MS Contin and Fentanyl patch) is ordered at the same time;
 - MS Contin, Oxycontin or Oramorph SR are ordered less than q 8 h;
 - A long-acting opioid is ordered without a short-acting opioid for breakthrough pain;
 - Meperidine ordered for any pain, except for an acute procedure (eg, bone marrow);
 - Meperidine use greater than 48 hrs and/or more than 600 mg/24 hrs.
4. Review results with team and provide teaching session on analgesic pharmacology, and utilize case studies for discussion.

PROJECT #3

ADVANCED CARE PLANNING

Purpose: to assess if clinician can help seriously ill patients identify goals for future medical care and medical interventions.

Protocol:

1. Select 5 *current* inpatient charts per team, criteria for patient selection include:

Patients who are cognitively intact with one of the following medical conditions:

- metastatic cancer;
 - CHF or COPD hospitalized for exacerbation;
 - refractory liver failure;
 - renal failure on hemodialysis.
2. Have the responsible clinician complete the enclosed form for each identified patient.
 3. Discuss the results; provide teaching on the following topics likely to be raised:
 - Your state's advanced care planning laws;
 - Hospital policies concerning advance care plans and DNR orders;
 - Discussing treatment withdrawal/DNR orders;
 - Giving bad news;
 - Prognostic factors for cancer and non-cancer diagnoses.

PROJECT #4

HOSPICE REFERRALS

Purpose: to assess the current practice of hospice referrals from the inpatient medicine service.

Protocol:

- 1) Contact an inpatient medicine unit(s) discharge planner (whoever is responsible for coordinating discharge plans to home hospice agencies). Ask them to prospectively collect names of patients referred (either by MD, RN, SW or patient/family) for *home hospice care, using a Medicare Certified Home Hospice Agency (not home care)*.
- 2) Work with the discharge planner to collect the following prospective information:
 - a) Primary diagnosis
 - b) Who initiated the referral: MD/RN, SW, patient/family/other
 - c) If patient *is* admitted to home hospice care:
 - i) Name of following primary MD
 - ii) Length of survival in hospice care
 - d) If patient is *not* admitted to home hospice care:
 - i) Why not?
 - ii) length of survival for this patient
 - iii) number of re-hospitalizations before death
 - iv) was patient ever enrolled in home hospice care prior to death?
- 3) Review results with housestaff/faculty in an appropriate teaching format; review hospice admission criteria, prognostic factors, and utilize hospice referral role playing exercise. Be sure to explore physician attitudes about hospice care.
- 4) If no attending staff are following home hospice patients, explore why not, and devise strategy for change.

Care Plan Worksheet

1. Patient Name: _____
2. Major diagnosis: _____
3. Pertinent secondary diagnoses: _____
4. What is the goal of this admission?
 - Cure
 - Prolong life
 - Palliation of distressing symptoms
 - Other
5. Has this patient ever completed an advanced directive? Yes No; if Yes, what type of advanced directive:
 - Living Will Power of Attorney for Health Care
 - other: _____
6. What do *you* think is the chance this patient will survive for *one year*? ____ %
7. What does *this patient* think is his/her chance of surviving for *one year*? ____%
8. Have you discussed prognosis with this patient? Yes or No; if No, why?
 - I don't know how to predict survival for this patient
 - patient does not want to know
 - I'm fearful of psychologically harming patient
 - I want to preserve hope
 - family does not want patient to know
 - patient has altered mental status
 - I don't have enough time
 - other
9. To achieve further longevity at this time, which treatments would this patient be willing to accept?
 - major surgery
 - chemotherapy
 - transfusions
 - CPR
 - hemodialysis
 - short ICU stay (<7 days)
 - long ICU stay (>8 days)
 - mechanical ventilation

THE END

* Adapted from form used by UCLA Medical Center; part of Institute for Healthcare Improvement, Breakthrough series on Improving Care at the End of Life.

After Death Family Interview

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INSTRUCTIONS FOR THE INTERVIEWER:

- WHEN CONDUCTING THIS INTERVIEW, READ ALL LOWERCASE TEXT ALOUD.
- INSTRUCTION FOR INTERVIEWERS IS PROVIDED THROUGHOUT THE QUESTIONNAIRE IN CAPITAL LETTERS. WORKS APPEARING IN CAPITAL LETTERS ARE MEANT TO GUIDE THE INTERVIEWER AND SHOULD NOT BE READ ALOUD.
- INSTRUCTIONS, WRITTEN IN LOWERCASE LETTER, SHOULD BE READ ALOUD TO THE RESPONDENT TO GUIDE HIM/HER IN ANSWERING.
- QUESTIONS SHOULD BE READ IN THEIR ENTIRETY, EXACTLY AS WRITTEN.
- MANY OF THE QUESTIONS ARE FOLLOWED BY ELLIPSIS (...) INDICATING THAT THE INTERVIEWER SHOULD READ THE ANSWER CHOICES ALOUD TO THE RESPONDENT. READ *ALL* OF THE ANSWER CHOICES BEFORE PAUSING FOR A RESPONSE. FOR YES/NO QUESTIONS, AS WELL AS A FEW SELECT OTHERS, THE ANSWER CATEGORIES SHOULD *NOT* BE READ. THESE QUESTIONS WILL NOT BE FOLLOWED BY ELLIPSIS AND THE ANSWER CATEGORIES WILL APPEAR IN UPPERCASE LETTERS.
- THE INTERVIEWER WILL OFTEN BE EXPECTED TO FILL IN PERSONAL INFORMATION INTO SURVEY QUESTIONS. FOR INSTANCE, THE PATIENT'S NAME IS OFTEN INSERTED INTO QUESTIONS. THE INTERVIEWER WILL KNOW TO SUBSTITUTE SPECIFIC INFORMATION WHEN A WORK WRITTEN IN CAPITAL LETTERS IS ENCLOSED IN PARENTHESES:

Was (PATIENT) able to make decisions in the last week of life?

READ AS:

Was *Mr. Smith* able to make decisions in the last week of life?

- AT TIMES, THE NAME OF THE HOSPITAL IN WHICH THE PATIENT DIED SHOULD BE INSERTED, OR THE DATE ON WHICH THE PATIENT DIED. THE INTERVIEWER SHOULD BE PREPARED WITH THIS INFORMATION BEFORE BEGINNING THE INTERVIEW.
- WHEN LOWER CASE WORDS APPEAR IN PARENTHESES, THE INTERVIEWER SHOULD CHOOSE THE APPROPRIATE WORD:

Was (PATIENT) unconscious or in a coma all of the time during the last week of (his/her) life?
READ AS:
 Was Mrs. Jones unconscious or in a coma all of the time during the last week of *her* life?

- WORDS THAT ARE UNDERLINED SHOULD BE EMPHASIZED WHEN READ. IT IS IMPORTANT TO THE MEANING OF THE QUESTION THAT THESE WORDS ARE READ WITH EMPHASIS.
- AT TIMES, OPTIONAL WORDS OR PHRASES ARE PROVIDED IN PARENTHESES AFTER A QUESTION. THESE WORDS OR PHRASES SHOULD BE READ ONLY IF THE RESPONDENT REQUESTS FURTHER CLARIFICATION. IN ALL OTHER CASES, QUESTIONS SHOULD BE READ AS WRITTEN, AND NO DEFINITION OR CLARIFICATION SHOULD BE PROVIDED TO THE RESPONDENT.
- BASED ON THE ANSWERS TO CERTAIN QUESTIONS, IT IS SOMETIMES LOGICAL TO SKIP SUBSEQUENT QUESTIONS (A SURROGATE WHO REPORTS NO PAIN SHOULD NOT BE ASKED ABOUT PAIN SEVERITY). INSTRUCTION ON SKIPS IS GENERALLY PROVIDED WITHIN PARENTHESES AFTER A SPECIFIC ANSWER CHOICE. IF THIS ANSWER IS SELECTED, MOVE ON TO THE QUESTION NUMBER INDICATED AFTER THAT ANSWER CHOICE.

49. During the last hospitalization, did (PATIENT) have depression?
 YES.....1
 NO.....2(54)

- AT TIMES, IT IS NECESSARY TO REFER BACK TO PREVIOUS ANSWERS TO DETERMINE IF A QUESTIONS OR GROUP OF QUESTIONS SHOULD BE SKIPPED OR READ. IT IS IMPORTANT THAT THE INTERVIEWER FAMILIARIZE HIM/HERSELF WITH THE INSTRUMENT BEFORE CONDUCTING INTERVIEWS.

INTRODUCTION:

Interviewer: READ THE FOLLOWING FOR EACH RESPONDENT. DO NOT PROCEED WITH THE INTERVIEW UNTIL THE POINTS HAVE BEEN HEARD BY THE RESPONDENT AND ALL QUESTIONS AND CONCERNS HAVE BEEN ANSWERED.

MODIFY TO CONFORM TO YOUR OWN IRB REQUIREMENTS...

Hello is this (SURROGATE)? My name is (YOUR NAME) and I am working on a(n) (INSTITUTION NAME) study of the (TYPE OF STUDY) in (LOCATION). I would like to speak with you for about 30 minutes about (PATIENT'S) medical care before (HIS/HER) death. We hope that the results of this study will help (SPONSORING GROUP) plan an intervention to improve the quality of medical care for dying persons and their loved ones. Because you will be answering questions about medical care of a person close to you, parts of the interview may be upsetting to you. Your participation is completely voluntary. You may choose not to answer certain questions and you may stop the interview at any time. Participating or not choosing to participate will not affect any future services you receive regarding your medical care. All information will be confidential to the extent of the law. If you have any questions, please feel free to call (NAME OF STUDY DIRECTOR). Questions about the rights of a study participant should be directed to (APPROPRIATE OFFICE/PHONE NUMBER).

Do you have any questions? May I begin?

Yes (CONTINUE THE INTERVIEW)

No (THANK THEM FOR THEIR TIME AND STOP THE INTERVIEW)

INTERVIEWER: NOTE START TIME HERE _____:_____

V1. Were you the person who was or would have been involved in decisions about the medical care of (PATIENT)?

YES..... 1
NO..... 2

V2. Is there anyone else who was or would have been involved in decision making on (his/her) behalf?

NAME _____
NO other person..... 2 (1)
DON'T KNOW..... + (1)

V3. What is this person's relationship to (PATIENT)?

PATIENT'S SPOUSE..... 1
PATIENT'S CHILD..... 2
PATIENT'S PARENT..... 3
PATIENT'S SIBLING..... 4
SOME OTHER RELATIVE (SPECIFY) _____ 5

V4. Please tell me (PERSON'S) address and telephone number.

Address

City	State	Zip
()		
Area Code	Telephone Number	

INTERVIEWER: IF V1 = 'NO', TERMINATE INTERVIEW

INTRODUCTION: Let me begin by asking a few questions about some of the circumstances surrounding (PATIENT'S) death.

1. According to our records, (PATIENT) died on (DATE). Is this correct?

YES..... 1
 NO / / 2
 DATE

2. Was the (PATIENT) death expected?

YES..... 1
 NO..... 2

3. Where did (his/her) death take place?

Hospital ICU Unit..... 1
 Hospital Regular Bed..... 2
 DON'T KNOW..... +

4. Do you think that (ANSWER TO 3) was where (PATIENT) would have most wanted to die?

YES..... 1 (6)
 NO..... 2

INTRODUCTION: Now I would like to ask you some questions about (PATIENT'S) final illness.

5. Did (PATIENT) have a signed Durable Power of Attorney for Health Care naming someone to make decisions about medical treatment if (he/she) could not speak for (him/her)self?

YES..... 1
 NO..... 2
 DON'T KNOW..... +

6. Did (PATIENT) have a signed Living Will giving directions for the kind of medical treatment (he/she) would want if (he/she) could not speak for (him/her)self?

YES..... 1
 NO..... 2
 DON'T KNOW..... +

INTERVIEWER: IF RESPONDENT ANSWERED 2 = NO TO BOTH QUESTION 5 AND 6, GO ON TO QUESTION 9. IF RESPONDENT ANSWERED 1 = YES FOR EITHER QUESTION, ASK:

7. Had you or (PATIENT) discussed (his/her) Living Will or Durable Power of Attorney for Health Care with (PATIENT'S) doctor at this hospital?

- YES..... 1
- NO..... 2
- DON'T KNOW..... +

8. What role did (PATIENT'S) Living Will or Durable Power of Attorney play in making medical decisions? Did it help a great deal, help a little, have no effect, cause some problems, or cause major problems?

- It helped a great deal..... 1
- It helped a little..... 2
- It had no effect..... 3
- It caused some problems..... 4
- It caused major problems..... 5
- DON'T KNOW..... +

9. Was there ANYTIME DURING THE PATIENT'S FINAL HOSPITALIZATION that there was a problem with a doctor talking to you or (PATIENT), in an easily understandable way, about the possibility that (he/she) would die from this illness?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 9

10. If yes, what was the problem?

11. Was there a time during the final hospitalization when the doctor did NOT tell you or (PATIENT) about choices for treatment, in an easily understandable way?

YES..... 1
NO..... 2
DON'T KNOW..... +

12. Did (PATIENT) have specific wishes or plans about the types of medical treatment (he/she) wanted, while dying?

YES..... 1
NO..... 2 (17)
DON'T KNOW..... + (17)

13. Did you or (PATIENT) talk with a doctor about these wishes?

YES..... 1
NO..... 2 (17)
DON'T KNOW..... + (17)

14. Did you or (PATIENT) and (PATIENT'S) doctor make a plan that ensured that (PATIENT'S) wishes for medical treatment were followed?

YES..... 1
NO..... 2

INTRODUCTION: The next set of questions is about (PATIENT'S) last week of life.

15. Was (PATIENT) unconscious or in a coma all the time during the last week of (his/her) life?

YES..... 1
NO..... 2
DON'T KNOW..... + (34)

16. Could (PATIENT) communicate in some way during the last week of life?

YES..... 1
NO..... 2 (28)

If the patient was unconscious or unable to communicate skip to question 28.

17. During the last week of life, how difficult was it for (PATIENT) to tolerate physical symptoms? Was it:

- very difficult..... 1
- somewhat difficult..... 2
- not very difficult..... 3
- not at all difficult..... 4

18. During the last week of life, how difficult were the emotional symptoms and problems (he/she) experienced? Were they:

- very difficult..... 1
- somewhat difficult..... 2
- not very difficult..... 3
- not at all difficult..... 4

19. During the last week of life, did (PATIENT) have pain?

- YES..... 1
- NO..... 2 (28)

20. How often did (he/she) have pain? Was it:

- occasionally..... 1
- about half of the time..... 2
- most of the time..... 3
- all of the time..... 4

21. How severe was the pain? Was it:

- not at all severe..... 1
- moderately severe..... 2
- extremely severe..... 3

22. How much did the pain distress or bother (him/her)? Would you say:

- not at all..... 1
- a little bit..... 2
- somewhat..... 3
- quite a bit..... 4
- very much..... 5

23. Did (PATIENT) tell you directly about (his/her) pain?

YES..... 1
 NO..... 2

INTERVIEWER: FOR QUESTION 24, RECORD THE SYMPTOMS NOTED BY THE RESPONDENT. FOR EACH SYMPTOM, ASK QUESTIONS 24B-24E. FILL IN RESPONSES TO QUESTIONS IN THE TABLE BELOW.

24A. Other than pain, what was the single most bothersome symptom for (PATIENT) in the last week of life?

24B. How often did (PATIENT) have (SYMPTOM)? Would you say...

24C. How severe was the (SYMPTOM)? Was it...

24D. How much did (SYMPTOM) distress or bother (PATIENT)? Would you say...

24E. Did (PATIENT) tell you directly about (his/her) (SYMPTOM)?

24A. BOTHERSOME SYMPTOMS	24B. HOW OFTEN?	24C. HOW SEVERE?	24D. HOW BOTHERSOME?	24E. TELL DIRECTLY?
	___ Occasionally ___ About half of the time ___ Most of the time ___ All of the time	___ Not at all severe ___ Moderately severe ___ Extremely severe	___ Not at all ___ A little bit ___ Somewhat ___ Quite a bit ___ Very much	___ Yes ___ No

INTERVIEWER: IF RESPONDENT REPORTED THAT THE PATIENT HAD PAIN THEN DO THE FOLLOWING QUESTION. OTHERWISE GO TO QXT 28.

25. In the last week of life, did a doctor or nurse tell you or (PATIENT) about medicine to treat PAIN in a way that you understood?

YES..... 1
 NO..... 2

26. In the last week of life, did a doctor or nurse tell you or (PATIENT) how PAIN would be treated if it got worse?

YES..... 1
NO..... 2

27. Was there anytime in the last week of life that the doctors or nurses did NOT do everything they could to help control (his/her) pain?

YES..... 1
NO..... 2

IF PATIENT WAS UNCONSCIOUS FOR THE LAST WEEK OF LIFE SKIP TO HERE.

28. During the last week of life, did the doctors really listen to you and (PATIENT), about your hopes, fears, and beliefs as much as you wanted?

YES..... 1
NO..... 2
DON'T KNOW..... +

29. Did someone talk with you and/or (PATIENT) about your religious or spiritual beliefs in a sensitive manner?

YES..... 1
NO..... 2
DON'T KNOW..... +

INTRODUCTION: Now I am going to ask you some questions about your feelings concerning (PATIENT'S) medical care during (his/her) final hospitalization. Please answer yes or no to the following questions.

30. At any time during the (PATIENT'S) hospital stay, do you feel that more should have been done by the doctors and nurses to keep (PATIENT) free from pain?

YES..... 1
NO..... 2

31. For symptoms other than pain, do you feel that more should have been done to keep (PATIENT) comfortable during the final illness?

YES..... 1
NO..... 2

32. At any time during (PATIENT'S) hospital stay, did you or (PATIENT) want to be more involved in making decisions about (PATIENT'S) care?

YES..... 1
NO..... 2
NO DECISIONS MADE..... 3

33. Do you feel that you or (PATIENT) would have made different decisions about (his/her) care if the doctors had given you more information?

YES..... 1
NO..... 2

34. Would you have liked the doctors or nurses to be more sensitive to your feelings?

YES..... 1
NO..... 2

35. Did you feel that the doctor(s) should have paid more attention to your wishes for (PATIENT'S) care during the final hospitalization?

YES..... 1
NO..... 2

36. At any time, did you feel that the nurses were NOT as helpful as possible in explaining (PATIENT'S) condition, during the following hospitalization?

YES..... 1
NO..... 2

37. At any time during the final hospitalization, do you feel that the doctors were NOT as helpful as possible in explaining (PATIENT'S) condition?

YES..... 1
NO..... 2

38. At any time, do you feel that (PATIENT'S) doctor DID NOT provide you with enough information do so that there were no surprises or unplanned medical events?

YES..... 1
NO..... 2

39. During the final hospitalization, was there any time, where it was not clear, which doctor was in charge of (PATIENT'S) care?

YES..... 1
NO..... 2

In the next set of questions, I am going to read some statements to you about an expert's opinion on end-of-life care and then ask whether that goal was met by the (HOSPITAL).

40. Medical Experts state that the health care team should:

Communicate with the patient and family so that they understand the patient's illness and treatment plans.

How well do you think that (NAME OF HEALTH CARE PROVIDER) did in achieving this goal? Choose a number of the scale of 0 to 10, when 0 is the communication failed to meet that expectation and 10 is greatly exceeded that expectation.

A: _____

41. Additionally, medical experts, state that:

A patient's symptoms, such as pain or difficulty breathing, are controlled to a degree that is acceptable to the patient.

How well do you think the (HEALTH CARE PROVIDER) did in meeting that expectation? Choose a number of the scale 0 to 10, where 0 is failed to meet that expectation and 10 is greatly exceeded that expectation.

A: _____

42. Finally, medical experts state:

that a patient dies with dignity – that is, the patient dies on his/her own terms.

How well do you think the (HEALTH CARE PROVIDER) helped (PATIENT) die on (his/her) own terms? Choose a number on the scale 0 to 10, where 0 is failed to meet that expectation and 10 is greatly exceeded that expectation.

A: _____

INTRODUCTION: The following questions are about (PATIENT) and (his/her) family. These questions are asked of each person in the study to show that the study includes people from various age, financial, educational, and religious backgrounds.

43. How many years of school did (PATIENT) complete?

_____ YEARS
DON'T KNOW..... +

44. What race did (PATIENT) consider (himself/herself)? White, Black, Asian, or something else?

White..... 1
Black..... 2
Asian..... 3
Something else..... 4

45. Did (PATIENT'S) background include a Spanish or Hispanic heritage?

YES..... 1
NO..... 2
DON'T KNOW..... 3

46. What was (PATIENT'S) household income in 19__ from all sources before taxes were taken out? Was it:

UNDER \$11,000..... 1
\$11,000 - \$25,000..... 2
\$25,000 - \$50,000..... 3
over \$50,000..... 4
DON'T KNOW..... +
REFUSED..... -

INTRODUCTION: Now I would like to ask you a few questions about yourself.

47. What is your relationship to (PATIENT)?

- SPOUSE..... 1
- CHILD..... 2
- PARENT..... 3
- SIBLING..... 4
- SOME OTHER RELATIVE..... 5
- FRIEND..... 6
- PARTNER..... 7
- OTHER..... +

48. What is your birth date?

____/____/____

49. How many years of school did you complete?

_____ YEARS

50. Is there anything else that you would like to share with me about how the medical care could have been improved for (PATIENT)?

INTERVIEWER: I really appreciate the time that you have spent with me, and the effort you made to respond to the questions. Do you have any questions?

INTERVIEWER: NOTE END TIME NOW: ____:____

INTERVIEWER:

1. Rate the quality of data:

1
Good

2
Fair

3
Poor

2. If other than 1, please comment:
