

National Bereaved Family Survey (BFS) Questions

1. During [Veteran's] last month of life, how much of the time were the staff who took care of [him/her] willing to take time to **listen**?
Always/ Usually/ Sometimes/ Never
2. During [Veteran's] last month of life, how often did the staff **provide** [him/her] **the medication and medical treatment** that you and [he/she] wanted?
Always/ Usually/ Sometimes/ Never
3. During [Veteran's] last month of life, how often were the staff who took care of [him/her] **kind, caring and respectful**?
Always/ Usually/ Sometimes/ Never
4. During [Veteran's] last month of life, how often did the staff who took care of [him/her] keep you or other family members **informed** about [his/her] condition and treatment?
Always/ Usually/ Sometimes/ Never
5. Did anyone **alert** you or your family when [Veteran] was about to die?
Yes/ No
6. From what you know about [Veteran's] time as an inpatient, how often do you think [his/her] **personal care needs** – such as bathing, dressing, and eating meals were taken care of as well as they should have been?
Always/ Usually/ Sometimes/ Never
7. In the last month of [his/her] life, did the [Veteran] have pain or did [he/she] **take medicine for pain**?
Yes/ No
8. If [Veteran] had pain or took medicine for pain, how often did [his/her] pain make [him/her] **uncomfortable**?
Always/ Usually/ Sometimes/ Never
9. Some Veterans near the end of life **re-experience the stress and emotions** that they had when they were in combat. Did this happen to [Veteran] in the last month of life?
Yes/ No
10. (If YES) How often did [Veteran's] **stress** make [him/her] **uncomfortable**? {PTSD}
Always/ Usually/ Sometimes/ Never

11. In [Veteran's] last month of life, how much of the time did the staff who took care of [him/her] provide you and [him/her] with the kind of **spiritual support** you both would have liked?

Always/ Usually/ Sometimes/ Never

12. In [Veteran's] last month of life, how much of the time did the staff who took care of [him/her] provide you and [him/her] with the kind of **emotional support** you both would have liked **prior to [his/her] death**?

Always/ Usually/ Sometimes/ Never

13. What about **after** [Veteran's] death – how much of the time did the staff who took care of [him/her] provide you with the kind of **emotional support** you would have wanted?

Always/ Usually/ Sometimes/ Never

14. Would it have been helpful if the VA had provided more information about **benefits for surviving spouses and dependents**?

Yes/ No

15. Would it have been helpful if the VA had provided more information about **burial and memorial benefits**?

Yes/ No

16. Would it have been helpful if the VA had provided more help with [Veteran's] **funeral arrangements**?

Yes/ No

17. Overall, how would you rate the care that [Veteran] received in the last month of [his/her] life? *{BFS Global Item}*

Excellent/ Very Good/ Good/ Fair/ Poor