## Appendix III: Questionnaires for intervention participants (pre- and post-measurements)

| EPCS: End-of-life Professional Caregiver Survey | 1. I am comfortable helping families to accept a poor prognosis  
| Subscale: Patient- and family-centered communication | 2. I am able to set goals for care with patients and families  
| | 3. I am comfortable talking to patients and families about personal choice and self-determination  
| | 4. I am comfortable starting and participating in discussions about code status  
| | 5. I can assist family members and others through the grieving process  
| | 6. I am able to document the needs and interventions of my patients  
| | 7. I am comfortable talking with other health care professionals about the care of dying patients  
| | 8. I am comfortable helping to resolve difficult family conflicts about end-of-life care  
| | 9. I can recognize impending death (physical changes)  
| | 10. I know how to use non-drug therapies in management of patients’ symptoms  
| | 11. I am able to address patients’ and family members’ fears of getting addicted to pain medications  
| | 12. I encourage patients and families to complete advanced care planning |

| S-EOLC: Self-Efficacy in End-of-Life Care survey | 1. Discussing the likely course of a life-limiting illness with the patient.  
| | 2. Discussing the likely course of a life-limiting illness with the patient’s family.  
| | 3. Discussing general issues related to dying and death.  
| | 4. Having a discussion with the patient about his/her specific concerns about dying and death.  
| | 5. Having a discussion with the family about their specific concerns about the patient’s dying and death.  
| | 6. Providing emotional support to the family upon bereavement.  
| | 7. Responding to the patient’s question: “How long have I got to live?”  
| | 8. Responding to the patient’s question: “Will there be much suffering or pain?” |

| SCCS: Spiritual Care Competence Scale | 1. I can listen actively to a patient’s ‘life story’ in relation to his or her illness/handicap  
| Subscale: Communication | 2. I have an accepting attitude in my dealings with a patient (concerned, sympathetic, inspiring trust and confidence, empathetic, genuine, sensitive, sincere and personal)  
| Subscale: | 3. I can report orally and/or in writing on a patient’s spiritual needs  
| | 4. I can tailor care to a patient’s spiritual needs/problems in consultation with the patient |
| Assessment and implementation | 5. I can tailor care to a patient’s spiritual needs/problems through multidisciplinary consultation  
6. I can record the nursing component of a patient’s spiritual care in the nursing plan  
7. I can report in writing on a patient’s spiritual functioning  
8. I can report orally on a patient’s spiritual functioning |

| Subscale: Referral | 9. I can effectively assign care for a patient’s spiritual needs to another care provider/care worker/care discipline  
10. At the request of a patient with spiritual needs, I can in a timely and effective manner refer him or her to another care worker (e.g. a chaplain/the patient’s own priest/imam)  
12. I know when I should consult a spiritual advisor concerning a patient’s spiritual care |