Questionnaire

on the study: "The therapy of malignant brain tumors from the perspective of the relatives- Questionnaire assessment to experience the last days / weeks"

Patient-ID: _______________

Relationship to the deceased: □ Parents □ Siblings □ Child □ Life partner

Nationality: _______________

Age of the deceased: _______________

In the following, please state your satisfaction in the above-mentioned subject areas during the treatment of your relative.

How do you rate in retrospect (1 fully satisfied, 5 not at all satisfied)

- Interpersonal dealings with your loved one
  - on the part of the doctors
    - □ □ □ □ □
    - 1 2 3 4 5
  - on the part of the nurses
    - □ □ □ □ □
    - 1 2 3 4 5

- Informed consent
  - comprehensibility
    - □ □ □ □ □
    - 1 2 3 4 5
  - time point
    - □ □ □ □ □
    - 1 2 3 4 5
  - overall impression
    - □ □ □ □ □
    - 1 2 3 4 5
  - dealing with questions
    - □ □ □ □ □
    - 1 2 3 4 5

- Contact between doctors or the hospital and the patient
  - □ □ □ □ □
  - 1 2 3 4 5
• Informed consent about any interventions /therapies
  → Surgery
    ☐ ☐ ☐ ☐ ☐
    1 2 3 4 5
  → Radiotherapy
    ☐ ☐ ☐ ☐ ☐
    1 2 3 4 5
  → Chemotherapy
    ☐ ☐ ☐ ☐ ☐
    1 2 3 4 5

• Dealing with fears
  → of the patients
    ☐ ☐ ☐ ☐ ☐
    1 2 3 4 5
  → your own
    ☐ ☐ ☐ ☐ ☐
    1 2 3 4 5

• Connection to other facilities
  → Rehabilitation
    ☐ ☐ ☐ ☐ ☐
    1 2 3 4 5
  → Palliative Care
    ☐ ☐ ☐ ☐ ☐
    1 2 3 4 5
  → Hospice
    ☐ ☐ ☐ ☐ ☐
    1 2 3 4 5

Where did your relative died?

- Hospital ☐ Department of neurosurgery ☐ other wards
- Hospice ☐
- Palliative Care ☐
- At home ☐

If your relative died at home:
  → What support did you get?
    ☐ Home help ☐ Nursing ☐ Driving service ☐ psychological support

  → How was this support brought to you?
    ☐ from medical side ☐ from nursing side ☐ other

  → Were you satisfied with the support?
    ☐ yes ☐ no
Would you have wished for further support?  
☐ yes  ☐ no  
If yes, which?: ____________________________

Did your loved one came home after the last neurosurgical intervention before he passed away?  
☐ yes  ☐ no

If your relative died in a hospice:  
→ What support did you get?  
☐ Home help  ☐ Nursing  ☐ Driving service  ☐ psychological support

→ How was this support brought to you?  
☐ from medical side  ☐ from nursing side  ☐ other

→ Would you have wished for further support from the neurosurgical team?  
☐ yes  ☐ no  
If yes, what should this support have looked like?  
__________________________________________________________________

If your relative died at palliative care:  
→ Which support did you get?  
☐ Home help  ☐ Nursing  ☐ Driving service  ☐ psychological support

→ How was this support brought to you?  
☐ from medical side  ☐ from nursing side  ☐ other

→ Would you have wished for further support?  
☐ yes  ☐ no

If your relative died at the department of neurosurgery:  
→ Which support did you get?  
☐ Home help  ☐ Nursing  ☐ Driving service  ☐ psychological support

→ How was this support brought to you?  
☐ from medical side  ☐ from nursing side  ☐ other

→ Would you have wished for further support?  
☐ yes  ☐ no

Looking back, how do you rate the LAST therapy measures taken??  
(1 fully satisfied, 5 not at all satisfied)

How satisfied were you with  
Surgery:  
☐  ☐  ☐  ☐  ☐  
1  2  3  4  5
Chemotherapy: [☐☐☐☐☐]

| 1 | 2 | 3 | 4 | 5 |

Radiation: [☐☐☐☐☐]

| 1 | 2 | 3 | 4 | 5 |

Would you choose the same therapy again?

Surgery: [☐yes ☐no, because ________________________________]

Chemotherapy: [☐yes ☐no, because ________________________________]

Radiation: [☐yes ☐no, because ________________________________]

In your opinion, did the therapeutic effect outweigh the side effects?

[☐yes ☐no, because ________________________________]

Have you given yourself false hopes through the proposed therapeutic measures?

[☐yes ☐no]

Looking back, would you say that in the last few weeks of his or her life your loved one would have wished for a different decision about the therapeutic measures that did not correspond to your own attitude?

[☐yes ☐no]

All in all, were you overwhelmed with the course of therapy?

[☐yes ☐no]

All in all, would you have wished for a different therapy?

[☐yes ☐no]

In retrospect, which therapies would you forego?

☐Surgery ☐Chemotherapy ☐Radiation

In retrospect, which therapy would you prefer?

☐Surgery ☐Chemotherapy ☐Radiation

Remarks:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________