

CardioPulmonary Resuscitation Patient Survey

Cardiopulmonary resuscitation (CPR) is an emergency procedure that aims to restart a person's heart if their heart stops beating or if they stop breathing.

A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision is an instruction not to attempt cardiopulmonary resuscitation.

It is aimed to protect people from receiving CPR that they don't want, that won't work, or where the harm outweighs the benefits.

Thinking about your recent admission to [INSERT ORGANISATION] and any conversations you may or may not have had about resuscitation/DNACPR, we would be grateful if you would answer the following questions.

Section A: About You

1. Are you the patient or a relative/carer?

Patient

Other (such as relative, friend, or carer)

Section B: CardioPulmonary Resuscitation

This section should be completed by everyone. If you are answering on behalf of a patient, please answer from his or her perspective.

2. Do you have a DNACPR in place?

Yes

I don't know

No

I would prefer not to say

3. If yes, when was your DNACPR decision made?

During my most recent admission to
{INSERT ORGANISATION}

During a previous admission to
{INSERT ORGANISATION}

At an outpatient appointment

With my GP

I would prefer not to say

Other (please specify)

4. During your recent admission to {INSERT ORGANISATION}, did you have a conversation you're your healthcare team about cardiopulmonary resuscitation (CPR) and/or DNACPR?

- Yes, CPR was discussed
- No, CPR was not discussed
- I can't remember / I don't know
- I would prefer not to say

Please use this space for any additional comments you wish to make:

5. If you did not discuss cardiopulmonary resuscitation (CPR) and/or DNACPR with your healthcare team during your hospital admission, would you have liked the opportunity to discuss this?

- Yes
- No
- I'm not sure
- Not applicable – I discussed resuscitation with the healthcare team
- I would prefer not to say

Please use this space for any additional comments you wish to make:

Section C: Thinking about your cardiopulmonary resuscitation/DNACPR discussions

This section should be completed by everyone. If you are answering on behalf of a patient, please answer from his or her perspective.

6. Do you feel you were given enough information to understand what a DNACPR is (for example: chance of CPR working, the possible long-term effects such as needing intensive care, etc.)?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable – I did not discuss cardiopulmonary resuscitation/DNACPR with the healthcare team
- I would prefer not to say

Please use this space for any additional comments you wish to make:

7. Do you feel that conversations about cardiopulmonary resuscitation (CPR) and DNACPR were held appropriately and sensitively?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable / I did not discuss cardiopulmonary resuscitation with the healthcare team
- I would prefer not to say

Please use this space for any additional comments you wish to make:

8. When discussing cardiopulmonary resuscitation (CPR) / DNACPR with your healthcare team, did you have the opportunity to ask questions?

- Yes
- No
- I can't remember
- Not applicable / I did not discuss cardiopulmonary resuscitation with the healthcare team
- I would prefer not to say

Please use this space for any additional comments you wish to make:

9. If you asked any questions about cardiopulmonary resuscitation (CPR) or DNACPR, were your questions answered in a way you could understand?

- Always
- Often
- Sometimes
- Rarely
- Never
- Not applicable / I did not ask any questions
- I would prefer not to say

Please use this space for any additional comments you wish to make:

10. Were your family/friends made aware of your DNACPR decision?

- Yes, I told my family and friends
- Yes, the healthcare team told my family and friends
- No, I did not want my family and friends to know about my DNACPR decision
- I don't know
- Not applicable / I do not have a DNACPR
- I would prefer not to say

Please use this space for any additional comments you wish to make:

11. Where would you ideally like conversations about cardiopulmonary resuscitation to start?

- GP practice
- Outpatient appointment
- On admission to hospital
- Following an end of life diagnosis
- Other (please specify)
- I would not like to discuss cardiopulmonary resuscitation/DNACPR
- I would prefer not to say

Please use this space for any additional comments you wish to make:

Section D: Family/friend/carer perspectives

This section should only be answered if the survey is being answered by someone other than the patient. Patients completing the survey themselves should skip to section E.

12. Were you present when the healthcare team discussed cardiopulmonary resuscitation (CPR) and/or DNACPR with your loved one?

- Yes
- No
- I don't remember
- Not applicable / cardiopulmonary resuscitation was not discussed with my loved one
- I would prefer not to say

Please use this space for any additional comments you wish to make:

13. Did you have the opportunity to ask your loved one's healthcare team questions about cardiopulmonary resuscitation / DNACPR decision?

- Yes
- No
- I can't remember
- Not applicable / resuscitation was not discussed with my loved one
- I would prefer not to say

Please use this space for any additional comments you wish to make:

14. If you asked your loved one's healthcare team any questions about cardiopulmonary resuscitation (CPR) or DNACPR, were your questions answered in a way you could understand?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable / I did not ask any questions
- I would prefer not to say

Please use this space for any additional comments you wish to make:

15. When did you become aware that your loved one had a DNACPR?

- I was present when my loved one agreed this with the healthcare team
- My loved one informed me
- My loved one's healthcare team informed me
- I saw the DNACPR form
- Not applicable / my loved one does not have a DNACPR in place
- I would prefer not to say
- Other (please specify)

16. We appreciate that visiting the hospital is not always possible. Would you be happy to have discussed your loved one's DNACPR decision over the telephone?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I would prefer not to say

Please use this space for any additional comments you wish to make:

17. If your loved one had discussions with their healthcare team about cardiopulmonary resuscitation and DNACPR, do you feel you were sufficiently involved in those discussions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I would prefer not to say

Please use this space for any additional comments you wish to make:

Section E: Comments and Suggestions

18. Do you have any comments/suggestions of how we could improve discussions about cardiopulmonary resuscitation / DNACPR decisions at {INSERT ORGANISATION}.

19. Do you wish to make any additional comment about the quality of care you received during your admission to {INSERT ORGANISATION}.

Resuscitation Patient Survey

Section F: Equality and Diversity Questions

We would be grateful if you could please take the time to answer these additional questions about yourself. We understand that you may feel these questions are personal or irrelevant, however your answers will help us find out whether the care offered to our patients is the same regardless of their background or circumstances. It will provide us with important information which will allow us to ensure that the services we deliver are fair and equitable, and to identify any areas where we may need to make improvements.

1. Which of the following best describes how you think of yourself?

- Male Transgender I would prefer not to say
 Female Bi-gender or gender fluid

2. What was your **year** of birth? e.g. 1 9 3 4

3. Do you have any of the following longstanding conditions? (select ALL answers that apply)

- Deafness or severe hearing impairment
 Blindness or partially sighted
 A long-standing physical condition
 A learning disability
 A mental health condition
 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
 No, I do not have a long-standing condition

4. If you do have a longstanding condition, does this cause you difficulty with any of the following? (select ALL answers that apply)

- No difficulty with any activities
- Everyday activities that people your age can usually do
- At work, in education, or training
- Access to buildings, streets, or vehicles
- Reading or writing
- People's attitudes to you because of your condition
- Communicating, mixing with others, or socialising
- Any other activity (please comment):

5. Which of the following options best describes how you think of yourself?

- Heterosexual or straight
- Gay or Lesbian
- Bisexual
- Other sexual orientation not listed
- Unsure
- I would prefer not to say

6. What is your religion?

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant & other Christian denominations)
- Hindu
- Muslim
- Sikh
- Jewish
- Other
- I would prefer not to say

7. What is your ethnic group? (Cross ONE box only)

- White English / Welsh / Scottish / Northern Irish / British
- White Irish
- White Gypsy or Irish Traveller
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian
- Any other ethnic group (please specify)
- Pakistani
- Bangladeshi
- Chinese
- African
- Arab
- Caribbean

8. Do you have any examples of where you feel that your access to and/or communication with this service has been negatively affected by your equality characteristic (e.g. your race, disability, sexual orientation, etc.)?

- Yes
- No

9. If yes, please state which characteristic and provide further detail if you wish:

10. Do you have any examples of where you feel that your equality characteristic (e.g. your race, disability, sexual orientation, etc.) has been considered or improved your access to and/or communication with this service?

Yes

No

11. If yes, please state which characteristic and provide further detail if you wish:

Thank you for taking the time to complete this survey.