

Sample Palliative Care Open Questions

Starter Questions

1. What do you know about palliative care?
2. What were you hoping to get from today's visit?
3. How can I help you today?
4. How have you been since we last saw each other?

Illness History, Experience, and Understanding

1. Tell me about how you first noticed your symptoms and what your experience of diagnosis was like.
2. What is most important for me to know about your experience of illness?
3. What do you already know or understand about your illness?
4. What questions do you have about your illness?
5. What has been the hardest thing for you?
6. What has been the most helpful care you've received? What made it helpful?
7. What has been the most helpful guidance you have received? What made it helpful?

Functional Assessment

1. What is a typical day like for you?
2. What are the things you are still able to do for yourself?
3. What are things you can do for yourself with a little bit of help?
4. What are things you need someone to do for you now?
5. When you think of the best day you've had recently, what comes to mind?
6. What's your favorite part of the day or week and why?
7. What is a bad day like for you?
8. What's your least favorite part of the day or week and why?
9. What are some of your favorite hobbies or ways to pass time?
10. What concerns do you or your family have about safety?
11. How would you know if you needed more caregiving help?

Symptom Management

1. What are the symptoms that bother you the most?
2. What are the things you've already tried to manage the symptom?
3. What side effects are you most concerned about?
4. Other than medication, what you have tried?
5. If anything has worked even a little bit, what has that been?

Behavioral Health

1. In addition to physical symptoms, many patients experience strong, unwanted emotions that won't go away. What can you tell me about that?
2. When those strong emotions come, what happens? How do you handle them? How do they resolve?
3. What are the losses that are hardest to accept or think about?
4. What are the things you tell yourself that are most upsetting?
5. What are the people, activities, or things that tend to make you a bit happier?
6. What brings you comfort or strength?
7. What are the things you tell yourself that are most reassuring?

Spiritual Well-Being

1. What beliefs, practices, or communities do you draw support from?
2. Many patients are angry at God or the universe for their illness. How do you explain your illness to yourself? How do you cope with the sense that this is not fair?
3. What songs, poems, quotes, scripture, or images give you inspiration?
4. What beliefs or values guide you?
5. Who do you go to for guidance? Why them?
6. What helps you to feel more at peace?

Social History

1. I would like to know about where you were born and raised. What can you tell me about that?
2. What kind of education have you received, what kind of jobs or career have you had, and/or what special talents do you have?
3. Tell me about the different places you've lived, why, and what living there was like.
4. What have been the most important roles you've had in your life?
5. What have been your most important relationships?
6. What communities or groups have you belonged to or participated in that have meant a great deal to you?
7. Tell me about the people you consider part of your immediate family or inner circle?
8. What obstacles have you overcome in your life?
9. If you've experienced discrimination or exclusion, what would you like us to know about that?
10. What makes you feel like your identity and history are understood and affirmed?
11. When you've felt judged, how did you handle that?

Care Preferences

1. What do I need to know about you as a person to give you the best care possible?
2. Some patients want to know everything about their illness even if it's bad news and other patients prefer not to know some things. What do you prefer?

3. How do you make decisions about your medical care? What does the decision-making process look like for you? What is most helpful when you are facing a decision?
4. If you were unable to speak for yourself in a health care encounter, who in your life would you most trust to understand your wishes and to implement them?
5. Some patients want very aggressive diagnosis and treatment of everything. Some patients want only to be kept comfortable. And some patients want a balance of both or something in-between. What do you want? What are your reasons and thoughts?
6. If I felt that I need to share information with you that might be difficult for you to receive, what would be the best way to do that?
7. How would we know if you were upset with the way we communicated with or interacted with you?

Caregiver Questions

1. How are *you* doing?
2. I know that you are devoted to [patient's name's] quality of life. How would you describe *your* quality of life?
3. As you support [patient's name], who supports *you*?
4. What is the most meaningful part of caregiving for you?
5. What is the most frustrating part of caregiving for you?
6. What are you most worried about?
7. What are things you are still able to make time for that are really important to you?
8. What do you miss about your life before the illness?
9. Many caregivers describe feelings of guilt or regret. What have you noticed about this?
10. When you need help, what is it like for you to ask? Who do you go to?
11. How sustainable is caregiving for you into the future?
12. How would you know if you weren't able to do this any longer?

End of Visit Questions

1. Of all the things we talked about today, what was most helpful to you?
2. What is the one thing you imagine you'll think about?
3. What is one step you will take, if any?
4. What are the things we spent time on today that were not as helpful?
5. How could this visit have been more helpful to you?
6. What are your ideas about what we should focus on next visit?

Dignity Therapy Questions

1. Tell me a little about your life history, particularly the parts that you either remember most, or think are the most important. When did you feel most alive?
2. What are the specific things that you would want your family to know or remember about you?

3. What are the most important roles you have played in life (family roles, vocational roles, community service roles, etc.)? What was important about those roles?
4. What are your most important accomplishments, and what do you feel most proud of?
5. What are the things that you feel still need to be said to your loved ones, or things that you would want to take the time to say once again?
6. What are your hopes and dreams for your loved ones?
7. What have you learned about life that you would want to pass along to others? What advice or words of guidance would you wish to pass along to your (son, daughter, husband, wife, parents, others)?
8. What words or perhaps even instructions you would like to offer your family to help prepare them for the future?
9. In creating this permanent record, what else would you like recorded?

End of Life Act Options Questions

1. What are your main reasons for making this request?
2. What would be some reasons not to pursue this?
3. What do you understand about your illness, your prognosis, and treatment options?
4. How have you made decisions about your treatment up until now?
5. Who in your life knows about his request and how do they feel about it?
6. To what degree has your request been influenced by past or present episodes of depression or anxiety or recent events?
7. If this medication is prescribed, what factors will go into your decision about if, when, and how to use it?

Grief Questions

1. What have you noticed about your grief response and reactions?
2. What are some of the things that have been hardest for you?
3. What can you tell me about physical symptoms?
4. What can you tell me about your thoughts or images and memories that come to you?
5. How would you describe your emotions and their intensity?
6. What about any spiritual distress, signs, or experiences?
7. What activities are you still able to do even though you are grieving? What activities do you feel unable to do? What can you tell me about that?
8. Some people describe feeling all alone, that they don't know who they are anymore, that they feel life is meaningless, and/or that they feel deeply confused most of the time. What has your experience been like?
9. What have you noticed about your relationships with other people since the loss?
10. When you look ahead to the journey of grief, how do you think that will unfold for you?

11. What will be the first signs that you are beginning to move through your grief? What may come up for you in time?
12. What parts of your loved one's life would you like to carry on in your own life?
13. What do you hope your own life might be like in a year?