

Caregiver Evaluation of Quality of End-of-Life Care (CEQUEL)
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	YES (1 PT)	NO (2 PT)
1. Was the life of [PATIENT] prolonged by medical interventions longer than you would have wished?		
	YES (1 PT)	NO (2 PT)
2. Was the life of [PATIENT] prolonged by medical interventions when _____ was, to the best of your knowledge, dying?		
	YES (1 PT)	NO (2 PT)
3. Was the life of [PATIENT] prolonged by medical interventions that resulted in an increase of his/her suffering?		
	YES (1 PT)	NO (2 PT)
4. Was there ever a problem understanding what any doctor was saying to you about what to expect from treatment?		
	YES (1 PT)	NO (2 PT)
5. Was there any medical procedure or treatment that happened to (him/her) that was inconsistent with (his/her) previously stated wishes?		
	NO (1 PT)	YES (2 PT)
6. Did you feel that the doctors you talked to listened to your concerns about [PATIENT'S] medical treatment?		
	NO (1 PT)	YES (2 PT)
7. To the best of your knowledge, did [PATIENT'S] doctor or the medical staff who cared for (him/her) speak to (him/her) or you about (his/her) wishes about medical treatment?		
	NO (1 PT)	YES (2 PT)
8. Did you or your family receive any information about what to expect while (he/she) was dying?		
	NO (1 PT)	YES (2 PT)
9. At any time did you or your family receive any information about the medicines that would be used to manage (his/her) pain, shortness of breath, or other symptoms?		
	SOMETIMES/NEVER (1 PT)	USUALLY/ALWAYS (2 PT)
10. How often were you or other family members kept informed about [PATIENT'S] condition?		
	EXTREMELY (1 PT)	MINIMALLY (2 PT)
11. To what extent do you think _____ suffered in dying?		
	VIOLENT (1 PT)	PEACEFUL (2 PT)
12. How peaceful or violent did _____'s death seem to you?		
	MUCH MORE (1 PT)	MUCH LESS (2 PT)
13. How much did _____ suffer compared to what you expected?		