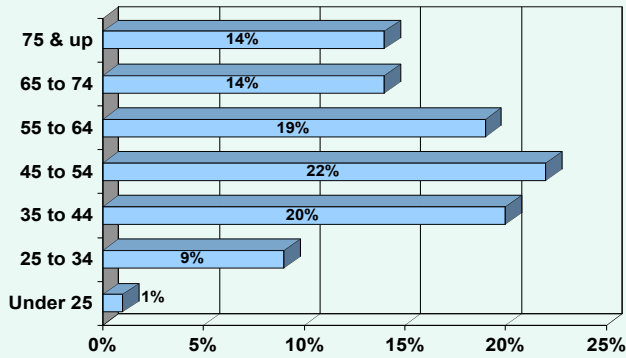


Nebraska End of Life Survey

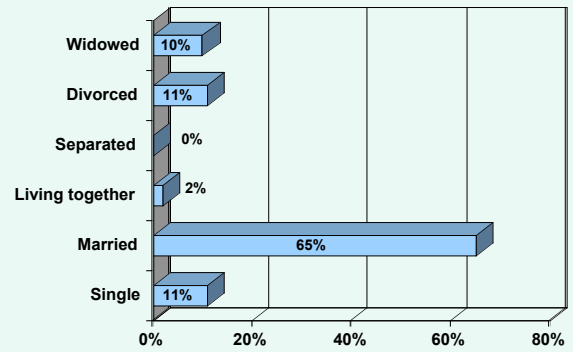
300 Respondents

Demographics

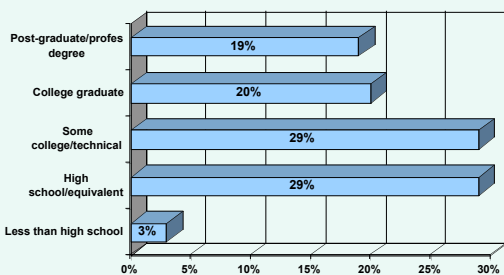
Age of Respondents



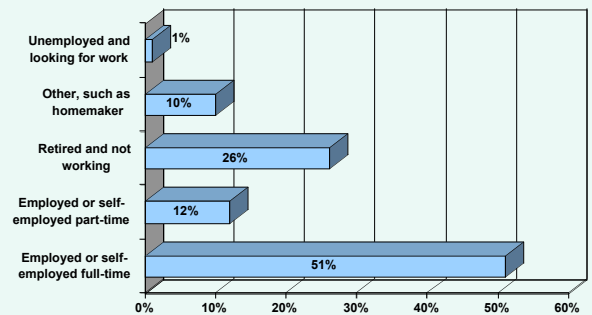
Marital Status



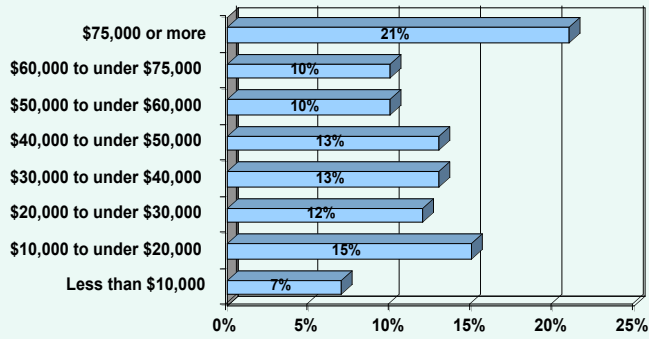
Level of Education



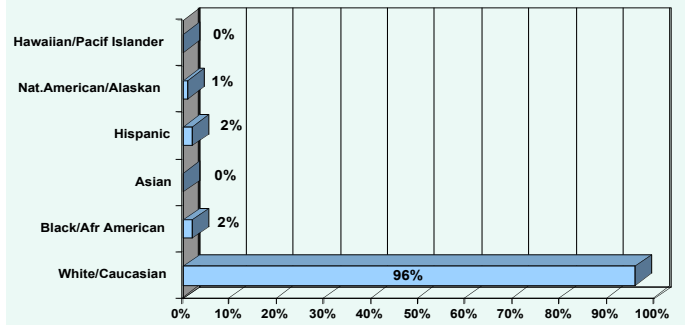
Employment Status



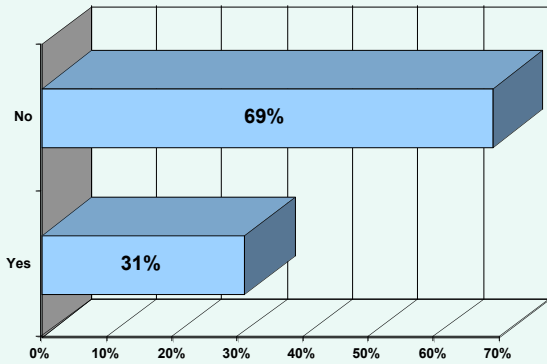
Income



Race/Ethnicity

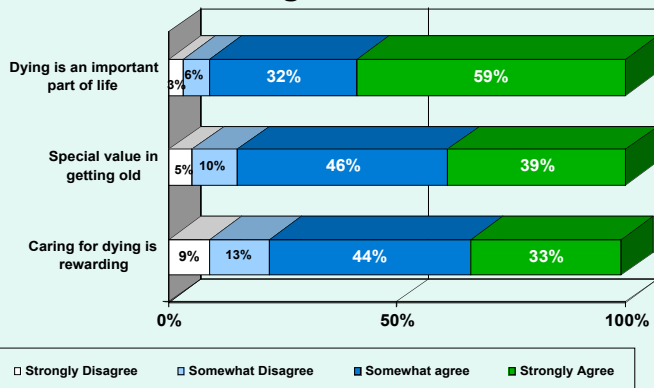


Are you a member of AARP?

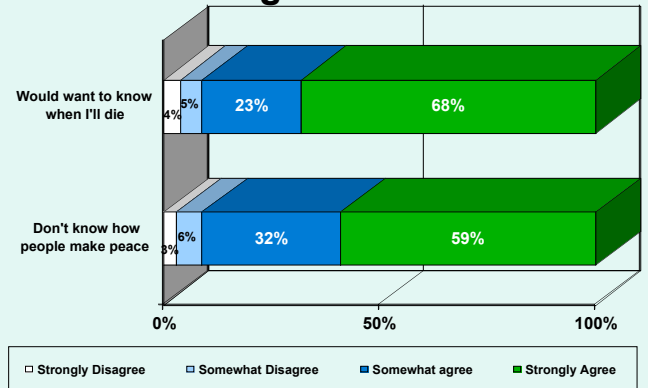


What We Value

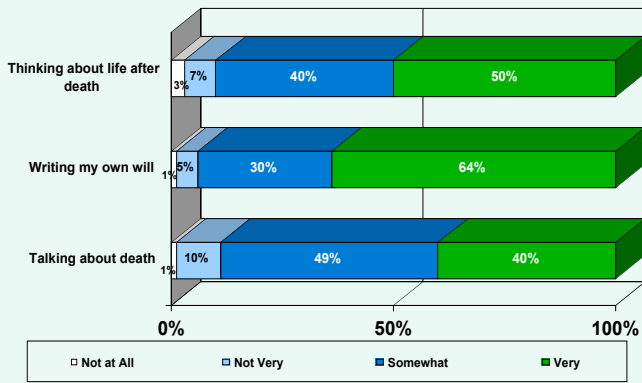
How much do you agree with the following statements?



How much do you agree with the following statements?

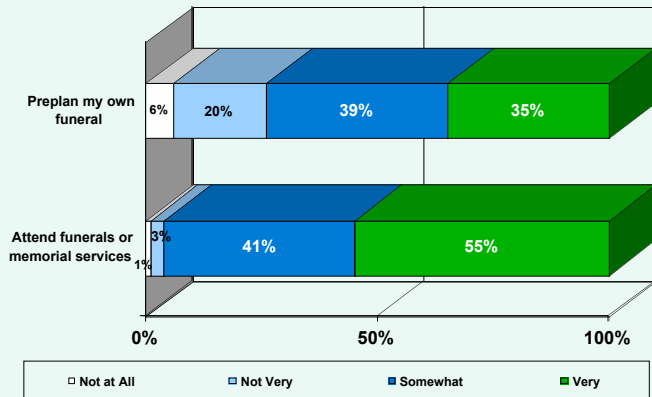


How comfortable are you with:

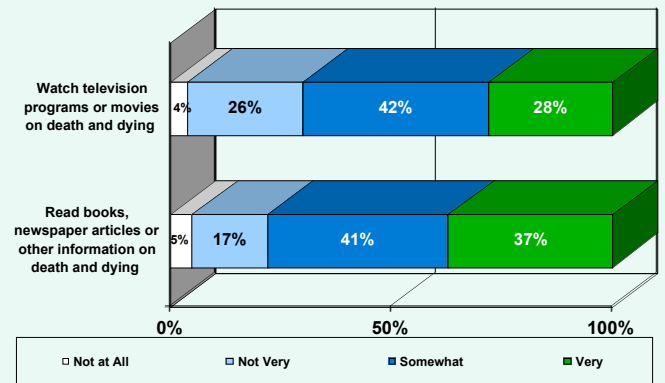


How We Behave

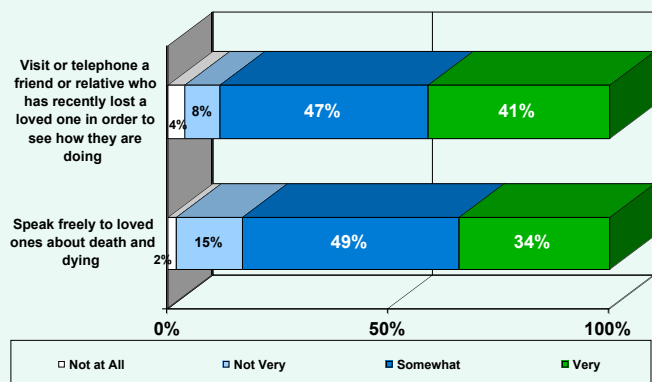
How likely are you to:



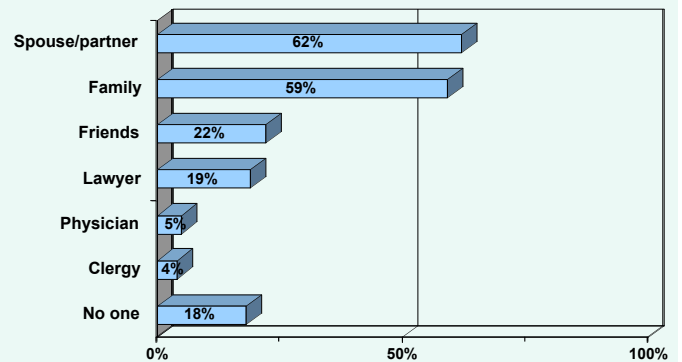
How likely are you to:



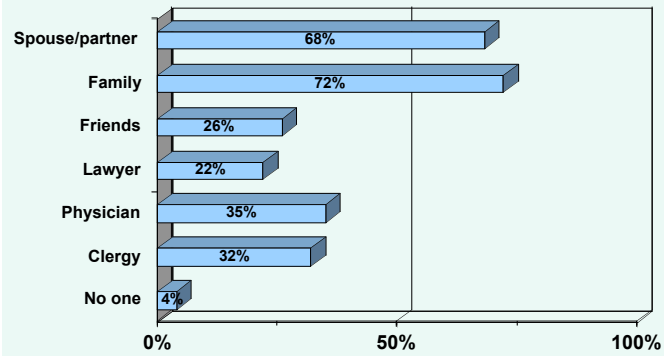
How likely are you to:



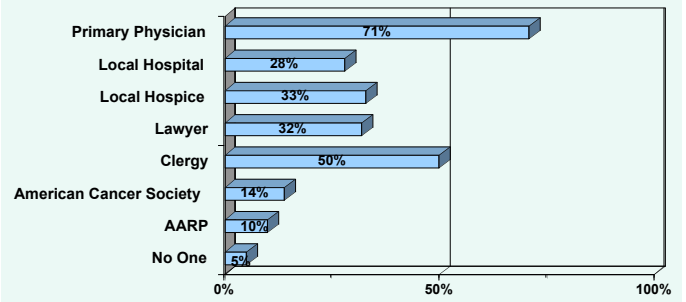
With whom have you talked about your wishes for end-of-life care?



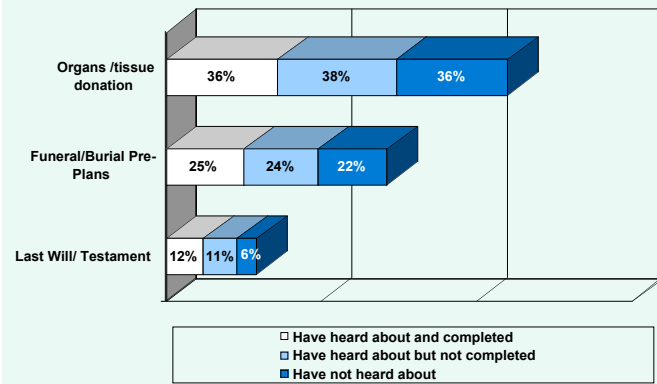
Who would you want to initiate a conversation with you regarding end-of-life issues?



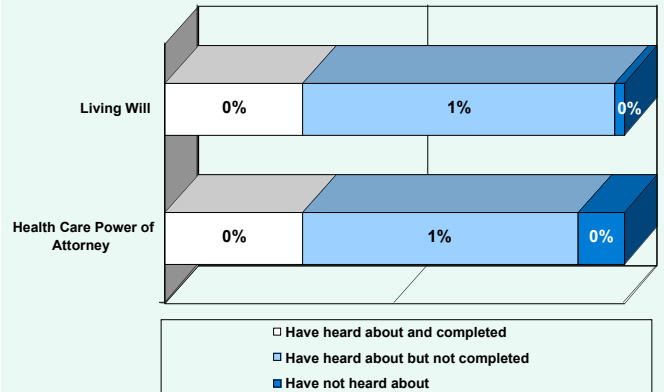
Who would you trust to provide information on end-of-life issues?



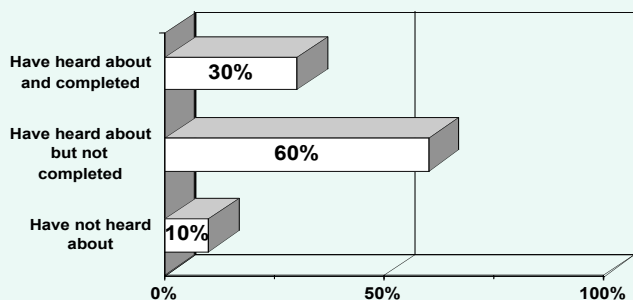
Which of the following Pre-Plans have you heard of or completed?



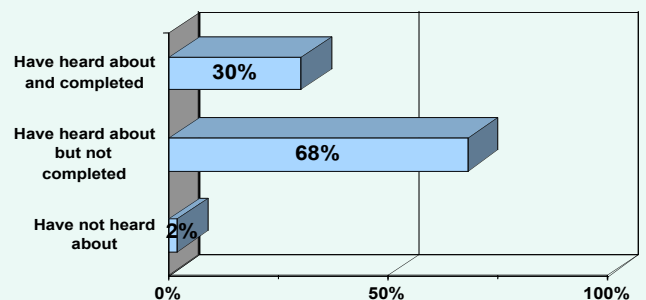
Which of the following Advance Directives have you heard of or completed?



Health Care Power of Attorney :

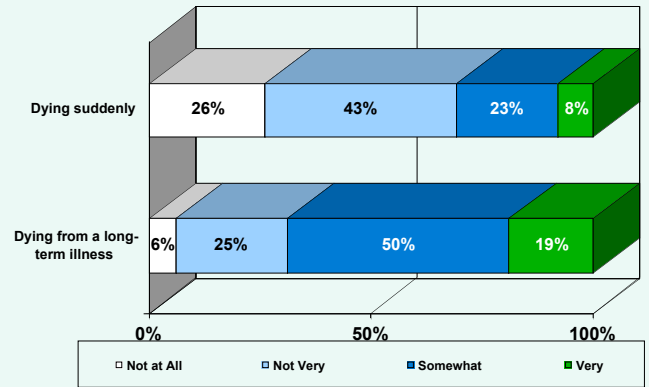


Living Will :

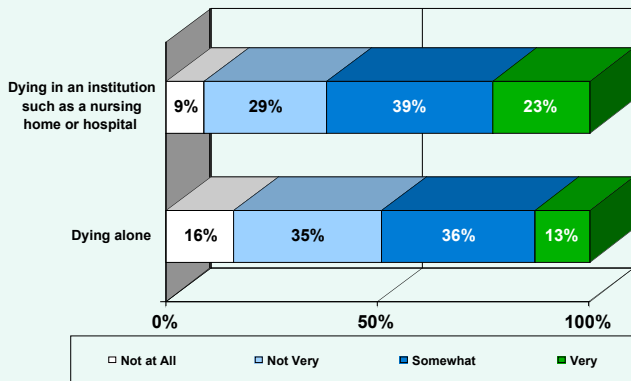


What We Fear

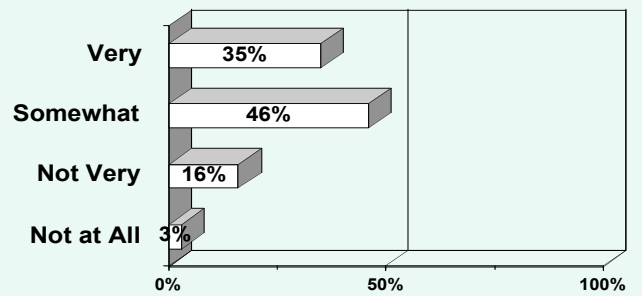
How afraid are you of:



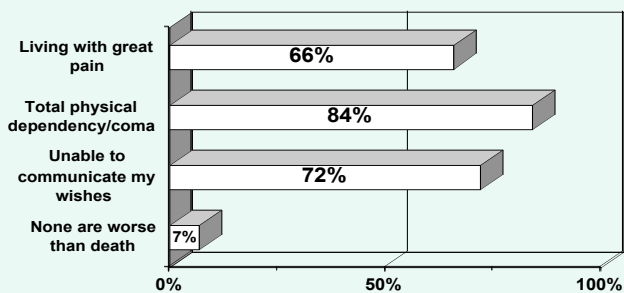
How afraid are you of:



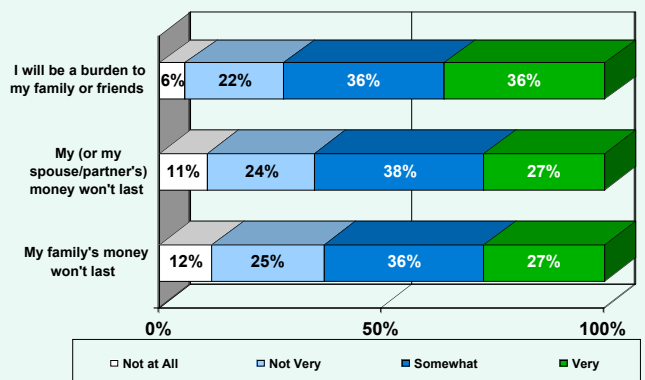
How afraid are you of dying painfully:



Which of the following health problems would be worse than death?

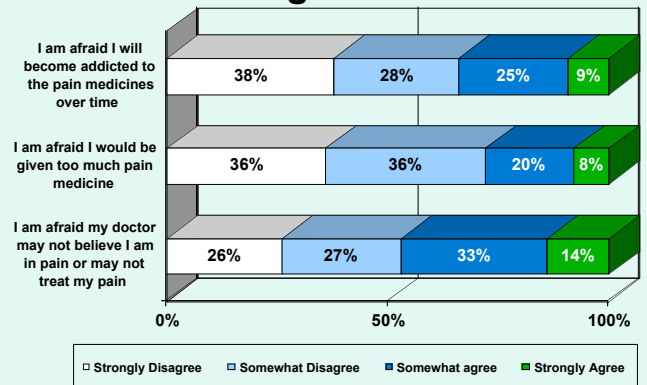


How Concerned are you that:

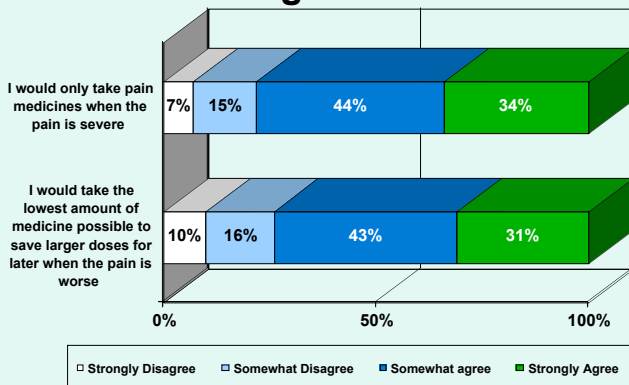


Our Concerns About Pain

How much do you agree with the following statements?

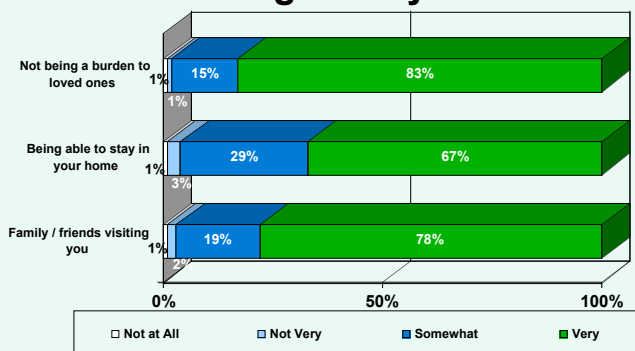


How much do you agree with the following statements?

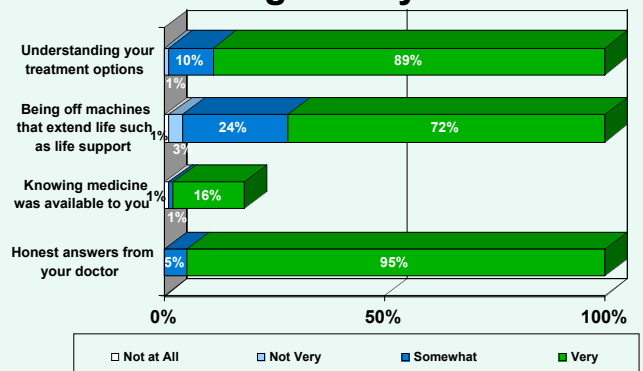


What We Hope For

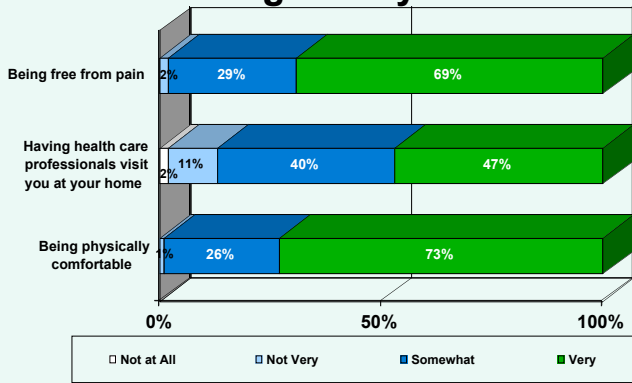
How Important would the following be to you?



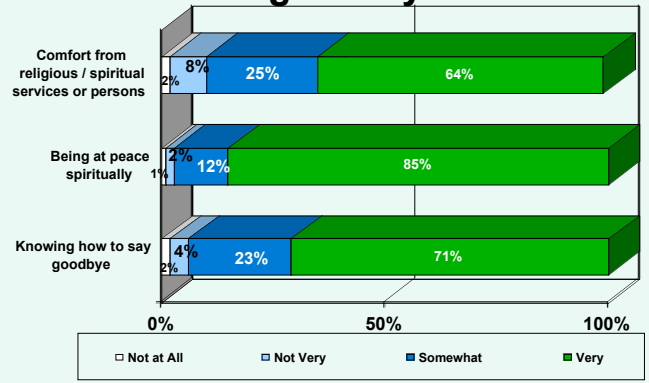
How Important would the following be to you?



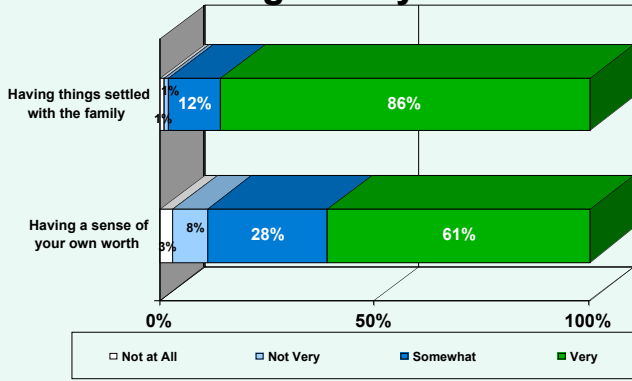
How Important would the following be to you?



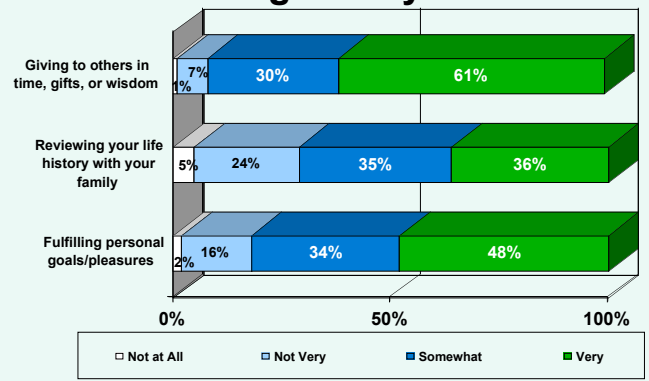
How Important would the following be to you?



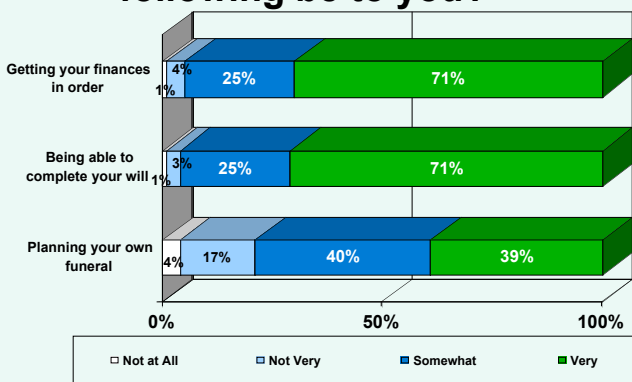
How Important would the following be to you?



How Important would the following be to you?

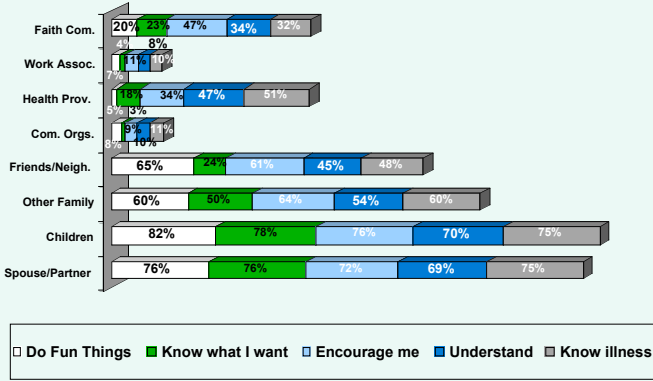


How Important would the following be to you?

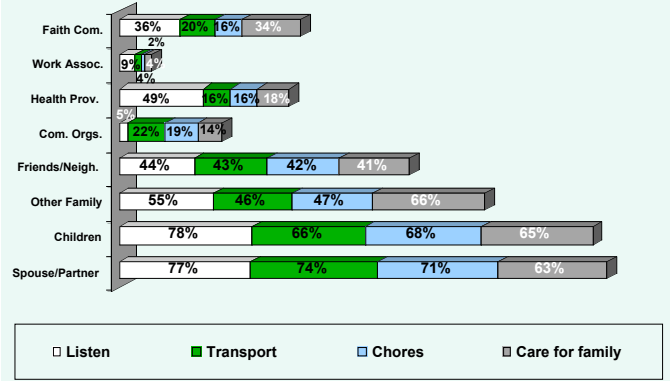


What Type of Support We Want and By Whom

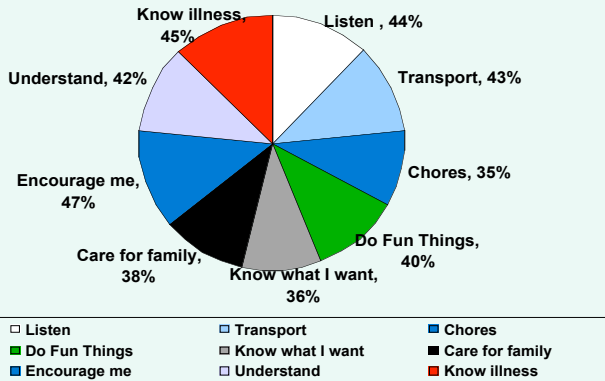
What type of support would you want if you were dying?



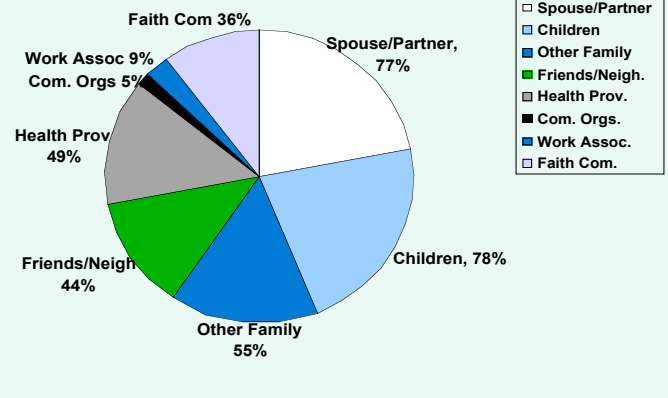
What type of support would you want if you were dying?



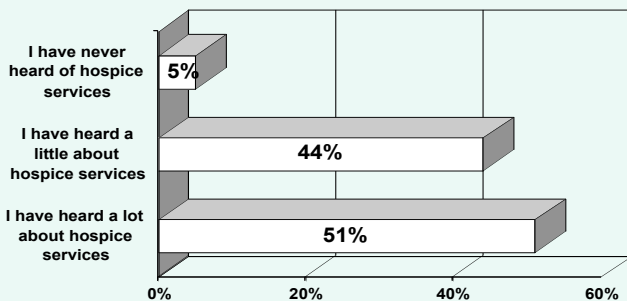
What type of support would you want if were dying? (Average of types of support)



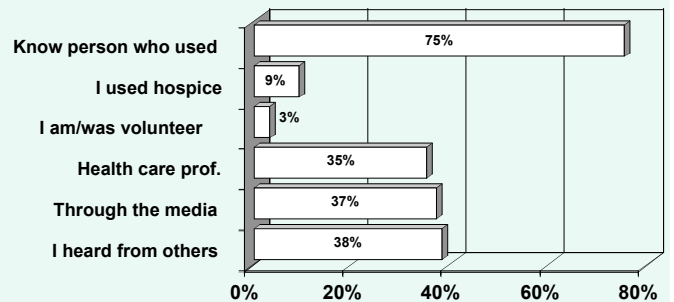
Who would you want to provide you support if you were dying? (Average of who provides support)



Hospice Knowledge

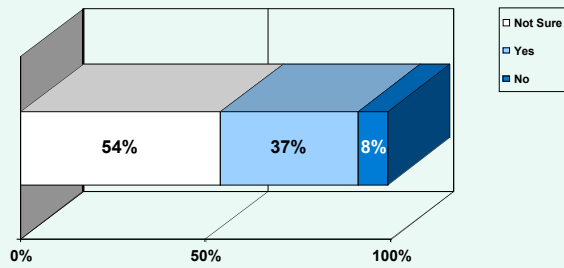


Hospice Knowledge



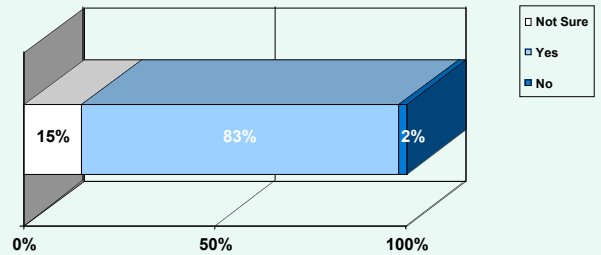
Does Medicare pay for hospice services?

Heard a lot about hospice services (N=146)



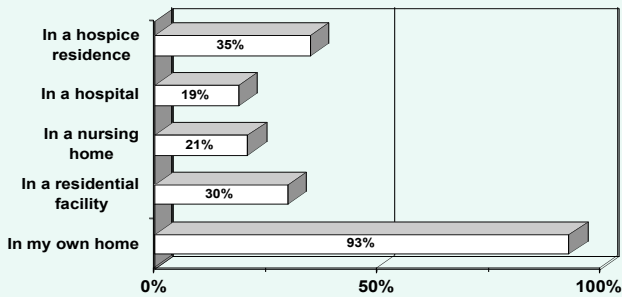
If you were dying, would you want hospice support?

Heard a lot about hospice services (N=146)

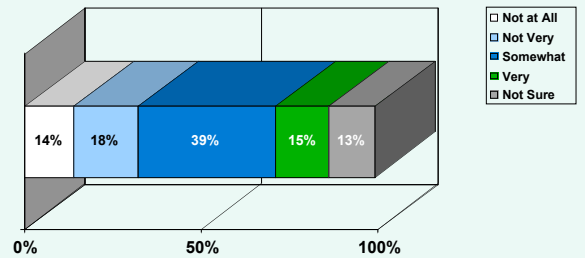


Where would you want to receive hospice support?

(N=146, Heard a lot about hospice)

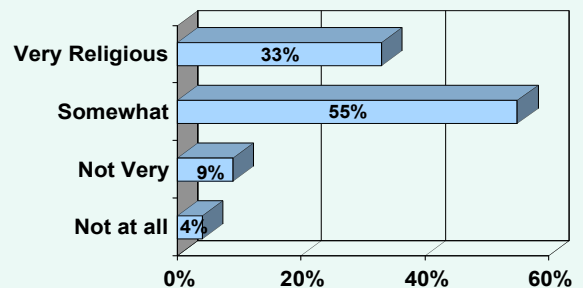


Would you be interested to hear more about hospice services?

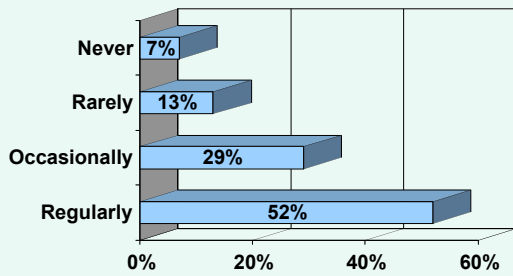


Spirituality

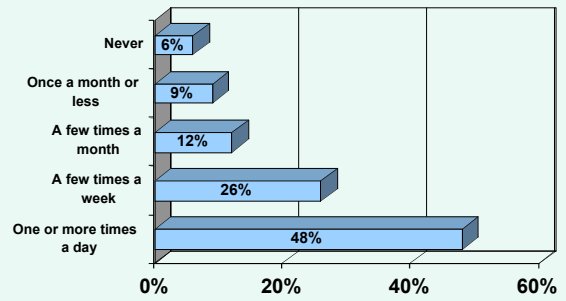
Religious/Spiritual



How often do you attend religious or spiritual services?

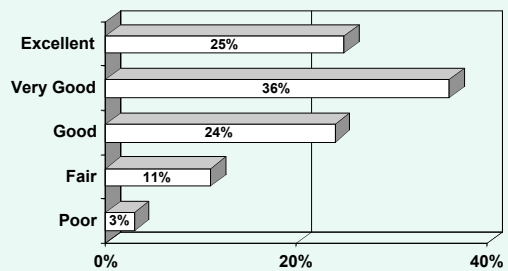


How often do you find strength in your religion or spirituality?

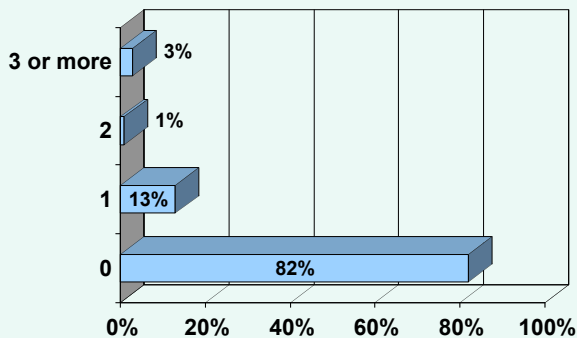


Health

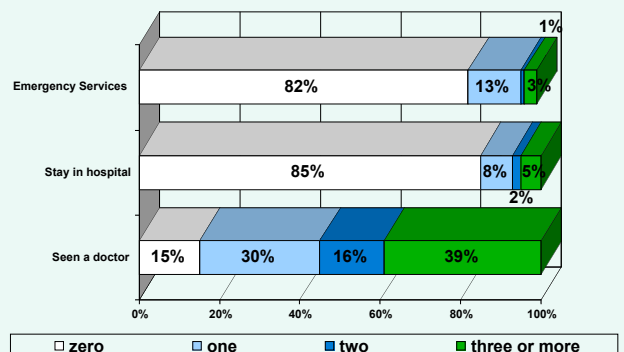
In general, how would you rate your own health right now?



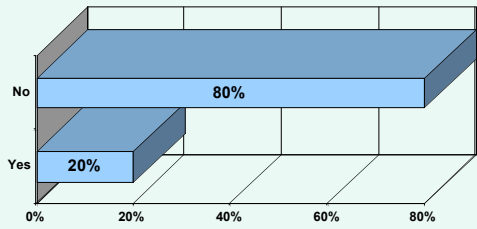
Number of times in last 12 months received services at emergency room.



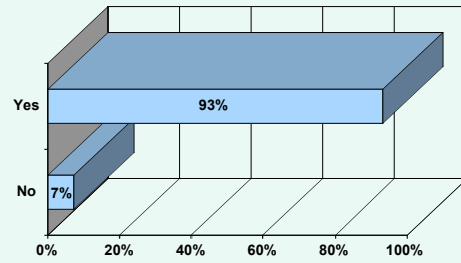
Number of times in last 12 months have seen a doctor?



Do you or any member of your household have a serious chronic illness?



Are you currently covered by any health care insurance or program?



In the last 12 months, about how much did you spend each month out of your own pocket for doctor visits & prescriptions?

