

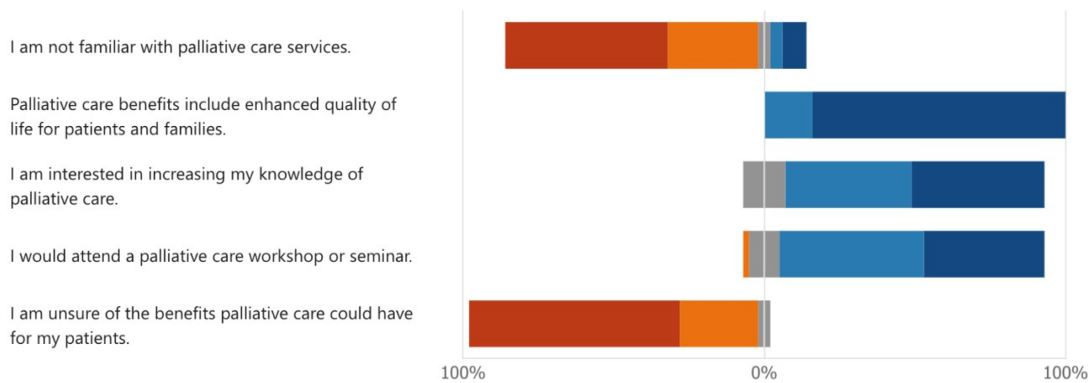
Appendix A

Perceptions of Palliative Care Study Results

9. How would you describe your knowledge regarding palliative care?

[More Details](#)

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

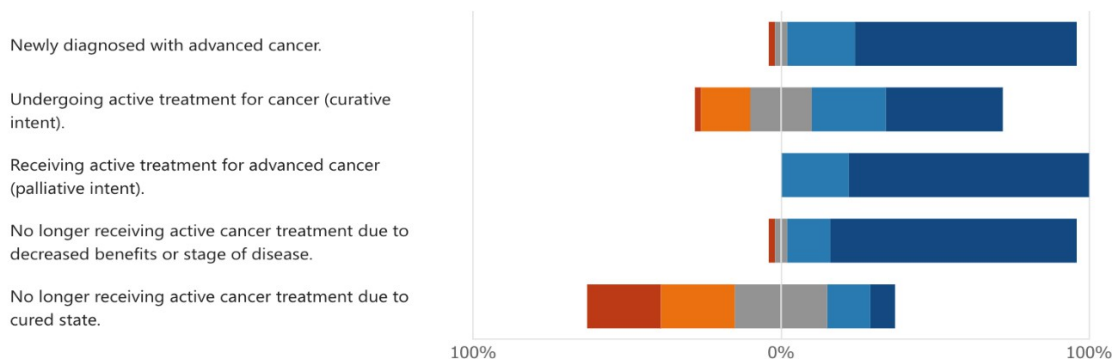


10.

Palliative Care services are appropriate for the following types of patients.

[More Details](#)

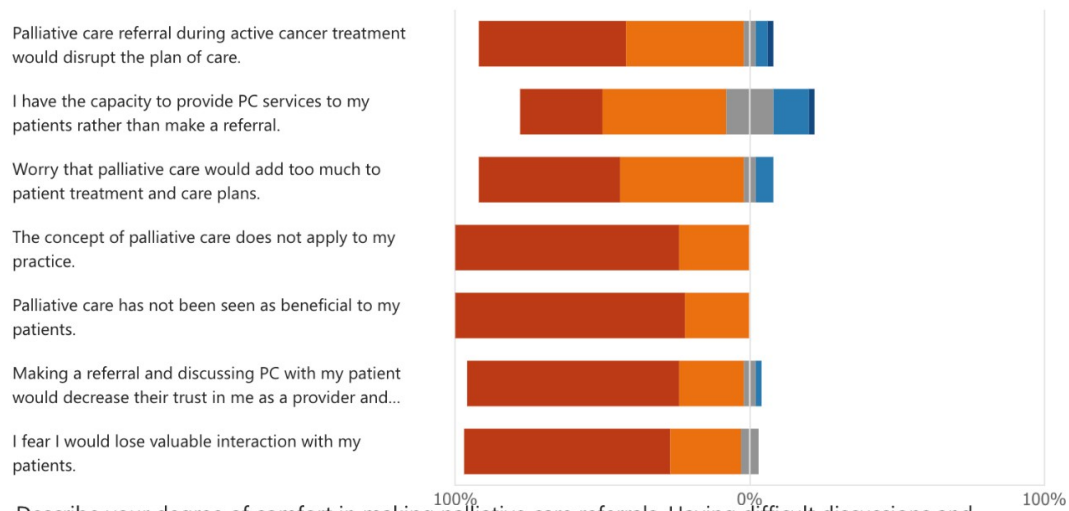
■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree



11. Reasons or situations I would **NOT** make a palliative care referral for a patient.

[More Details](#)

Strongly Disagree Disagree Neutral Agree Strongly Agree



12. Describe your degree of comfort in making palliative care referrals. Having difficult discussions and managing symptom burdens:

[More Details](#)

Strongly Disagree Disagree Neutral Agree Strongly Agree

