

## Supplementary Index

### *Table of Contents*

1. Survey: Experience with Telehealth in Caring for Seriously Ill Individuals

### *Investigators*

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## Experience with Telehealth in Caring for Seriously Ill Individuals

Q1 *Within the past 5 years or so, have you cared for a family member or friend who was seriously ill?*

- Yes (1)
- No (2)

*Skip To: End of Block If Within the past 5 years or so, have you cared for a family member or friend who was seriously ill? = No*

Q2 **\*\*For this survey, the phrase "family member" refers to the person for whom you cared.**

Telehealth uses remote technologies like a mobile phone, computer, or iPad to communicate with a health care provider or transmit health information. Does/did your family member use telehealth?

- Yes (1)
- No (2)

*Skip To: End of Block If \*\*For this survey, the phrase "family member" refers to the person for whom you cared. Telehealth... = No*

Q3 What is/was your family member's race? Please choose one or more.

- White (1)
- Black or African American (2)
- Asian (3)
- Native Hawaiian or other Pacific Islander (4)
- American Indian or Alaska Native (5)

Q4 Is/was your family member of Hispanic, Latinx, or Spanish origin or descent?

- No, not Spanish/Hispanic/Latinx (1)
  - Yes, Puerto Rican (2)
  - Yes, Mexican, Mexican American, Chicano/a (3)
  - Yes, Cuban (4)
  - Yes, Other Spanish/Hispanic/Latinx (5)
- 

Q5 Does/did your family member receive palliative care or hospice care?

- Yes (1)
- No (2)
- Unsure / Don't know (3)

*Skip To: Q7 - Q13 If Does/did your family member receive palliative care or hospice care? = No*

*Skip To: Q7 - Q13 If Does/did your family member receive palliative care or hospice care? = Unsure / Don't know*

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Q6 In what locations has your family member received palliative care or hospice care?

- Home (1)
- Assisted living facility (2)
- Nursing home (3)
- Hospital (4)
- Hospice facility/hospice house (5)
- Other (please specify) (6)

Q7 - Q13 For the following set of questions, please check one box in each row as it relates to *your family member's* experience using telehealth. **(Sliding scale with 1=Disagree through 7=Agree)** \* Note that health team refers to the nurses, doctors, social workers, spiritual advisors, and trained volunteers that deliver care.

	N/A (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
Telehealth improves/improved my family member's access to services. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is/was simple to use telehealth. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is/was easy to learn to use telehealth. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using telehealth is/was pleasant. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family member has/had access to the necessary equipment (e.g., phone, computer) to use telehealth. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My family member has/had access to an Internet connection to use telehealth. (3)

My family member's access to the Internet is/was of good quality. (4)

Q14 - Q20 For the following set of questions, please check one box in each row as it relates to *your family member's* experience using telehealth. **(Sliding scale with 1=Disagree through 7=Agree)** \* Note that health team refers to the nurses, doctors, social workers, spiritual advisors, and trained volunteers that deliver care.

	N/A (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
My family member can/could use telehealth without my or another caregiver's assistance. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family member likes/liked using telehealth. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the telehealth system, my family member can/could see the health team member as well as if they met in person. (Or I can/could if family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

member was too sick.) (4)

My family member can/could easily talk to the health team using the telehealth system. (Or I can/could if family member was too sick.) (5)

My family member can/could hear the clinician clearly using the telehealth system. (Or I can/could if family member was too sick.) (6)

My family member is/was able to express themselves effectively using telehealth. (Or I can/could if family member was too sick.) (7)

My family member can/could communicate using their preferred language

when using telehealth.  
 (Or I can/could if family member was too sick.) (8)

Q21 - Q28 For the following set of questions, please check one box in each row as it relates to *your* experience using telehealth.

**(Sliding scale with 1=Disagree through 7=Agree)** \* Note that health team refers to the nurses, doctors, social workers, spiritual advisors, and trained volunteers that deliver care.

	N/A (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
I join(ed) in my family member's telehealth visits from a separate location than my family member. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like(d) using telehealth. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive(d) support for my religious and spiritual beliefs using telehealth. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the support I receive(d) for my religious and/or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

spiritual beliefs using telehealth. (18)

I think the visits provided using telehealth are the same quality as in-person visits. (19)

Telehealth is an acceptable way to receive care. (20)

I would recommend that patients use telehealth services. (21)

Overall, I am satisfied with telehealth. (22)



Q29 About what percent of your family member's telehealth experiences include *video*?

- 0% (1)
- 25% (2)
- 50% (3)
- 75% (4)
- 100% (5)

Q30 Describe any challenges your family member and/or you have encountered using telehealth for your family member's care.

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Q31 Describe anything that helped your family member and/or you use telehealth.

*(Examples of such things may be in-person instruction in using telehealth or borrowing a donated electronic device.)*

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Q32 Please provide comments about telehealth for your family member's care.

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Q33 What is/was your family member's age when using telehealth?

- 18 to 24 (1)
- 25 to 34 (2)
- 35 to 44 (3)
- 45 to 54 (4)
- 55 to 64 (5)
- 65 to 74 (6)
- 75 to 84 (7)
- 85 or older (8)

Q34 Please indicate the year(s) that your family member used telehealth. (Check all that apply)

- 2016 (1)
- 2017 (2)
- 2018 (3)
- 2019 (4)
- 2020 (5)
- 2021 (6)

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Q35 Is/was your family member male or female?

- Male (1)
- Female (2)
- Other (3)

Q36 What is the zip code where your family member lives/lived?

- Please specify (1) \_\_\_\_\_
- Do not know (2)

Q37 How are you related to the family member?

- My spouse or partner (1)
- My mother-in-law or father-in-law (3)
- My grandparent (4)
- My aunt or uncle (5)
- My sister or brother (6)
- My friend (7)
- Other (please specify) (8) \_\_\_\_\_

Q38 Are you male or female?

- Male (1)
- Female (2)
- Other (3)

Q39 What is your race? Please choose one or more.

- White (1)
- Black or African American (2)
- Asian (3)
- Native Hawaiian or other Pacific Islander (4)
- American Indian or Alaska Native (5)

Q40 Are you a member of Hispanic, Latinx, or Spanish origin or descent?

- No, not Spanish/Hispanic/Latinx (1)
- Yes, Puerto Rican (2)
- Yes, Mexican, Mexican American, Chicano/a (3)
- Yes, Cuban (4)
- Yes, Other Spanish/Hispanic/Latinx (5)

Q41 What is your age?

- 18 to 24 (1)
- 25 to 34 (2)
- 35 to 44 (3)
- 45 to 54 (4)
- 55 to 64 (5)
- 65 to 74 (6)
- 75 to 84 (7)
- 85 or older (8)