



**COMMUNITY SUPPORT VOLUNTEER INTERVIEW FORM**

How would you define Palliative Care? \_\_\_\_\_

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You were assigned to visit a dying client and/or his family, please specify how you would feel seeing the following client:

A-wouldn't mind / B-somewhat uncomfortable / C-very uncomfortable / D-unable to cope

a young infant \_\_\_ young child \_\_\_ an adolescent \_\_\_ a mother with a young family \_\_\_  
a father with a young family \_\_\_ a middle aged person \_\_\_ an elderly person \_\_\_

Please answer the following questions, placing a "X" in the appropriate ( ):

1. How do you perceive death?  
 a very peaceful experience  a painful experience  a lonely experience  
 a frightening experience
  
2. If a client brings up the topic of dying or death, how would you feel?  
 anxious and uncomfortable  
 comfortable/able to listen  
 don't know, never been in this situation
  
3. Do you feel that you are a good listener?  
 yes  
 no
  
4. If a terminally ill client does not wish to have life-sustaining efforts but the family does, whose wishes should take priority, in your opinion  
 the client's  
 the family's  
 my opinion isn't relevant
  
5. What is your predominant feeling about being in the presence of a dead body?  
 peaceful  
 discomfort  
 apprehension  
 unsure
  
6. Describe your feeling if a client asked you to read the bible to them  
 wouldn't mind  
 uncomfortable  
 would prefer not to

7. If a client was crying when you approached them, would you:
- leave quietly
  - ask if you could sit with them
  - try to cheer them up
8. If a client is obviously angry and yells at you when you approach, would you:
- offer to listen to what is upsetting them
  - feel upset and hurt, then leave
  - feel they are being unfair and be angry back
  - leave and have client assigned to another volunteer
12. If the coordinator assigned you to visit a dying client, and you did not feel comfortable with this person and/or his family, would you:
- continue to try to communicate with the client/family
  - approach the coordinator for help and guidance
  - give up volunteering feeling that you had done your best

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_