

Interview Schedules

Home-based Palliative Care Provisions in Kerala: Do Government-run and Community-owned Centers differ in their Operations and Efficacy?

I. Interview schedule for the palliative care centers

A. Profile of the Palliative Care Centre

1. Name:
2. Locality:
3. Year of establishment:
4. Own building/ rented space:
5. Does the centre have a vehicle/ambulance facility?:
6. Geographical coverage of the centre (one panchayat/ two panchayat/ municipality/ other_____):
7. Current number of patients enrolled:
8. No. of new patients in the last month:
9. No. of deaths reported in the last month:
10. Average monthly home visit (last month and quarter):
11. No. of staff?

a. Doctors:

i. Permanent:

ii. Temporary:

b. Nurses:

c. Others Specify- physiotherapist, psychologist, social workers, others if any):

i.

ii.

iii.

12. Staffing pattern:

13. No. of registered volunteers:

14. No. of active volunteers:

15. Does the centre have an IP facility? If yes, capacity:

16. List down the home visit team (for a typical day):

a. :

b. :

c. :

17. Are doctors available for home visits?

18. List of medical aids provided, beyond home visit?

(air bed, oxygen, urine tube, etc.)

a. How many such products were distributed in the last one year?:

19. What are the major services offered by the home-care unit? Explain

20. What are the additional services offered by the centre?

(education, food, financial aid, hospital assistance, etc.)

21. What are the programmes offered for patients and families?

(get-together, recreation, etc.)

22. What are the additional services offered by the centre?

(education, food, financial aid, hospital assistance, etc.)

23. Does the palliative care centre run any social entrepreneurship programmes for

income generation?

24. Are the palliative care home visits supported by the local community or

volunteers? If yes, please explain:

II. **Interview Schedule for the beneficiaries receiving palliative care services**

1. Can you tell us a little about your family member who is receiving palliative care? (age, condition, duration of illness)
2. How long has your family been associated with this community-based palliative care service?
3. How did you come to know about this palliative care service?
4. How easy was it to access or register in the service?
5. Are the services home-based or at a clinic, or both? How convenient is the service for your family?
6. What types of support or services do you receive? (e.g., medical care, nursing, medicines, equipment, counselling, financial support)
7. How satisfied are you with the frequency and consistency of the services provided? how many times do they visit you monthly? (availability of staff, medicines, equipment)
8. How many people are on the team, and who are they?
9. Do you feel the care team listens to your family's needs and considers them?
10. Do you or your family receive emotional/psychological support from the service providers? How effective has it been?
11. Does the service provide adequate support for caregivers? (training and guidance)
12. Has this support reduced stress or improved your ability to cope with caregiving?
13. Has the service improved the patient's quality of life? If yes, in what ways?
14. In what ways has it benefited your family? (relief, knowledge, skills, reduced financial burden, emotional support, etc.)
15. Have there been any difficulties, limitations, or unmet needs?
16. What would you like to see improved or added in the services?
17. How do you feel about the home-based palliative care team's visit?