Q1.	What is your primary Division	at LPCH?							
	1□ PICU 2□ CV-ICU 3□ NICU 4□ Oncology 5□ Hospitalist								
Q2.	Which of the following best de	scribes you	ır current professiona	l role at LPCF	H?				
	1□ Respiratory Therapist 2□ Fellow 3□ Resident 4□ Nurse 5□ Social Worker 6□ Attending 7□ Advanced Nurse Practition 8□ Physician Assistant	er							
Q3.	How long have you been in your current position at LPCH?								
Q4.	How familiar are you with code	e status opt	ions that are available	e, other than F	Full Code, at LPCH?				
	<ul> <li>1□ Very Familiar</li> <li>2□ Somewhat Familiar</li> <li>3□ Not Very Familiar</li> <li>4□ Not Familiar at All</li> </ul>								
Q5.	As far as you know, what are t	he code op	tions that are availabl	le at LPCH?					
	Code <b>Full</b>	Code		Code					
	Code	Code		Code					
	Code	Code		Code					

Date \_\_/\_\_/\_\_\_

Q6.	Please circle the number that best corresponds to your level of comfort having discussions with your patient's families about changing code status.								
	COMFORTA	1 BLE	2	3	4	5	6	7 UNCOMFORTABLE	
Q7.	•	h families have, at ab n ht time	over the	last 6	months?	Have th	ne discus	g code status that have taken place in sions with families taken place sooner uld have?	
Q8.	In your experience change in code sta	atus?	last 6 m	onths, 1		eptive or	resistan 6	t have families been to discussing a  7 RESISTANT	
Q9.	In the last 6 months, how often would you say you have had conversations with other staff in your Division about a potential change in code status for a patient?  1□ Never  2□ Rarely  3□ Sometimes  4□ Often								
Q10.		specific incorrer, seminal ecklist that or huddle specific to e lecture, se	elusion of the code street of th	sentations discussions discussions discussions discussions or prese	nded coonsisted on the contract of the contrac	de statu code sta n of cod e.g., Gra	tus e status	g type meetings, educational is at LPCH? Please check all that apply.	