

**Supplemental file 2.** Comprehensive description of the primary and secondary outcomes**Comfort Assessment in Dying–End-of-Life in Dementia-scale (CAD-EOLD) scale**

Comfort Assessment in Dying–End-of-Life in Dementia-scale (CAD-EOLD) scale was used to measure comfort in the last week of life. The EOLD-CAD scale comprises 14 individual items (discomfort, pain, restlessness, shortness of breath, choking, gurgling, difficulty swallowing, emotional support, fear, anxiety, crying, moaning, serenity, peace and calm) grouped into four subscales (physical distress, dying symptoms, emotional symptoms and well-being). The individual items were scored on a scale of 1 (not at all) to 3 (a lot). Items are summed to calculate an overall score between 14 and 42. The items serenity, peace and calm were reverse coded, so higher scores indicate better comfort in the last week of life.

CAD-EOLD: When you think about the resident's physical and emotional state, can you please indicate to what extent he or she experienced the following during the last week of life?

(for each line, please tick a single box in the column that applies)

|                                 | a lot                    | somewhat                 | not at all               |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| <b>a.</b> discomfort            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b.</b> pain                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c.</b> restlessness          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>d.</b> shortness of breath   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>e.</b> choking               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>f.</b> gurgling              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>g.</b> difficulty swallowing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>h.</b> fear                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>i.</b> anxiety               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>j.</b> crying                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>k.</b> moaning               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>l.</b> serenity              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>m.</b> peace                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>n.</b> calm                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>o.</b> resistiveness to care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Quality of Dying in Long Term Care (QOD-LTC) scale**

Quality of Dying in Long Term Care (QOD-LTC) scale was used to measure quality of care and dying. The QOD-LTC scale assesses perspectives on quality of personhood, closure and preparatory tasks, including 11 individual items. Items are summed to calculate an overall score between 11 and 55. Higher mean score indicates better quality of care and dying.

Please think back over the last month of life of the resident. Here are some statements that have been considered important during the last phase of life. How true is each statement for (the situation of) the resident?  
(for each line, please tick a single box in the column that applies)

|          | <b>not<br/>at all</b>    | a little                 | a moderate<br>amount     | quite a<br>bit           | <b>completely</b>        |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>A</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>B</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>C</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>D</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>E</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>G</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>H</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>I</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>J</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>K</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |