**Institutional Satisfaction Survey**

1. **Gender**
	1. Female
	2. Male

1. **Profession**
	1. Nurse
	2. Medical Physician
	3. Psychologist
2. **Institucional role (you can pick more than one option)**
	1. Academic
	2. Clinical- assistance
	3. Administrative
	4. other
3. **Which pediatric clinical department do you belong to?**
	1. Emergency department
	2. Hospitalization department
	3. Oncology department
	4. Intensive care Unit
	5. Neonatal Intensive Care Unit
	6. Outward setting
4. **Select all the contribution the pediatric palliative care team has provided your department (you can pick more than one option)**
	1. Multidisciplinary team coordination
	2. Pain control and other symptoms treatment recomendations
	3. Decision-making support
	4. Facilitate patient and family communication
	5. Psycho-social support
	6. Care Humanization
5. **What is your perception regarding patient and family care, provided by the pediatric palliative care team? (pick one option)**
	1. Very useful
	2. Useful
	3. Neutral
	4. Useless
	5. Not useful at all
6. **When do you request Pediatric Palliative Care evaluation (you may check more than one option):**
	1. Support during therapeutic effort limitation
	2. End-of-life care
	3. Communication support
	4. Pain and Symptom control
	5. Psychosocial support
	6. Decision-making support
	7. Health care coordination
7. **Do you consider the pediatric palliative care program favors caregiver well-being?**
	1. Yes
	2. No