

Key:



Answers from a previous question are carried forward



Answers are shuffled

Start of Block: Screening Question 1

We are conducting a study at Colorado State University titled "Time of Death Experiences during Veterinary Euthanasia Procedures". The purpose of our study is to better understand veterinary professionals' experiences during euthanasia. We are looking for adult (18 or older) veterinary professionals who conduct or participate in veterinary euthanasia. If you fit this criteria, we would like to ask you to complete the following short (~ 5 minute) anonymous survey. Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participation at any time without penalty. We will not collect your name or personal identifiers. When we report and share the data with others, we will combine the data from all participants. While there are no direct benefits to you, we hope to gain more knowledge on what veterinary professionals experience during euthanasia. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential (but unknown) risks. If you have any questions about the research, please contact Lori Kogan at lori.kogan@colostate.edu. If you have any questions about your rights as a volunteer in this research, contact the CSU IRB at: CSU_IRB@colostate.edu; 970-491-1553. If you consent to complete this survey, please click "Yes I consent" below, to begin the survey.

- ☐ Yes, I consent
- ☐ No, I do not consent



Have you ever participated in veterinary euthanasia procedures?

- ☐ Yes
- ☐ No

End of Block: Screening Question 1

Start of Block: Intro Questions

What is your current veterinary role?

- ☐ Veterinarian
 - ☐ Veterinary Technician
 - ☐ Veterinary Assistant
 - ☐ Other _____
-



Where do you live?

- ☐ USA
 - ☐ UK
 - ☐ Canada
 - ☐ Other _____
-

How many euthanasia procedures have you been present at?

- ☐ 1 - 50
 - ☐ 51 - 200
 - ☐ 201 - 1000
 - ☐ More than 1000
-



Where do you conduct the majority of euthanasia procedures?

- ☐ Shelter / Animal Care and Control
- ☐ At client's home
- ☐ Veterinary Clinic
- ☐ Other _____



Generally, what animals do you euthanize?

- ☐ Cats / Dogs
- ☐ Livestock
- ☐ Equine
- ☐ Other _____



What takes most of your attention during euthanasia? Click and drag to rank from most [1] to least [3]

- _____ Administering drugs
- _____ Patient's condition
- _____ Patient's human family

End of Block: Intro Questions

Start of Block: Core TDE Questions

Workers in human hospice sometimes report surprising experiences at their patient's time of death. This part of the survey assesses the degree to which such "time of death experiences" may also occur in the veterinary profession.

During, or right after, a patient's cardiac arrest, have you ever seen nearby animals do any of the following? (select all that apply)


- ☐ Stare up into the air
 - ☐ Start / stop vocalizing
 - ☐ Approach / depart from the body
 - ☐ Other surprising action
 - ☐ ☒ None of the above
-

During, or right after, a patient's cardiac arrest have you ever seen children do any of the following: (select all that apply)

- ☐ Stare up into the air
 - ☐ Point into the air
 - ☐ Other surprising action
 - ☐ ☒ None of the above
-



During, or right after, a patient's cardiac arrest have you ever experienced any of the phenomena listed below: (select all that apply)

- ☐ Sudden temperature change in the room
- ☐ Sudden air flow (e.g. curtains moving, fireplace flames "whooshing")
- ☐ Electrical malfunction (e.g. flickering lamps, clocks stopping)
- ☐ Glowing light around the body
- ☐ A "misty" or "cloud-like" formation around the body
- ☐ A "wavy" visual distortion in the air around the body
- ☐ Other surprising coincidence
- ☐  None of the above

End of Block: Core TDE Questions

Start of Block: TDE Frequency



How often did you see animals do the following during, or right after, a patient's cardiac arrest?

	1 time	2 - 5 times	6 or more times
Stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start / stop vocalizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approach / depart from the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How often did you see children do the following during, or right after, a patient's cardiac arrest?

	1 time	2 - 5 times	6 or more times
Stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Point into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How often did you experience the following phenomenon during, or right after, a patient's cardiac arrest?

	1 time	2 - 5 times	6 or more times
Sudden temperature change in the room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden air flow (e.g. curtains moving, fireplace flames "whooshing")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrical malfunction (e.g. flickering lamps, clocks stopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glowing light around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "misty" or "cloud-like" formation around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "wavy" visual distortion in the air around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising coincidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Did anyone else notice the following phenomenon at the same time you did?

	No, just me	I'm not sure	Yes, someone else noticed too
Sudden temperature change in the room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden air flow (e.g. curtains moving, fireplace flames "whooshing")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrical malfunction (e.g. flickering lamps, clocks stopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glowing light around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "misty" or "cloud-like" formation around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "wavy" visual distortion in the air around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising coincidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: TDE Frequency

Start of Block: TDE Effects



How did the animal's actions **affect you?**

	Negatively	Neither Negatively or Positively	Positively
Stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start / stop vocalizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approach / depart from the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How did the animal's actions **affect others who saw them?**

	Negatively	Neither Negatively or Positively	Positively	NA
Stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start / stop vocalizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approach / depart from the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How did the child's actions **affect you?**

	Negatively	Neither Negatively or Positively	Positively
Stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Point into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How did the child's actions **affect others who saw them?**

	Negatively	Neither Negatively or Positively	Positively	NA
Stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Point into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How did experiencing the phenomena **affect you?**

	Negatively	Neither Negatively or Positively	Positively
Sudden temperature change in the room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden air flow (e.g. curtains moving, fireplace flames "whooshing")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrical malfunction (e.g. flickering lamps, clocks stopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glowing light around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "misty" or "cloud-like" formation around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "wavy" visual distortion in the air around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising coincidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How did experiencing the phenomena **affect others who saw them?**

	Negatively	Neither Negatively or Positively	Positively	Don't know
Sudden temperature change in the room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden air flow (e.g. curtains moving, fireplace flames "whooshing")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrical malfunction (e.g. flickering lamps, clocks stopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glowing light around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "misty" or "cloud-like" formation around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "wavy" visual distortion in the air around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising coincidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: TDE Effects

Start of Block: Optional: TDE Additional Description

Please share **details** of your experiences below:

End of Block: Optional: TDE Additional Description

Start of Block: Questions for Those Without TDEs

Have **veterinary colleagues** ever described any of the following experiences occurring during, or right after, a patient's cardiac arrest? (check all that apply)

- ☐ Nearby animals stare up into the air
 - ☐ Nearby animals start / stop vocalizing
 - ☐ Nearby animals approach / depart from the body
 - ☐ Children stare up into the air
 - ☐ Children point into the air
 - ☐ Sudden temperature change in the room
 - ☐ Sudden air flow (e.g. curtains moving, fireplace flames "whooshing")
 - ☐ Electrical malfunction (e.g. flickering lamps, clocks stopping)
 - ☐ Glowing light around the body
 - ☐ A "misty" or "cloud-like" formation around the body
 - ☐ A "wavy" visual distortions in the air around the body
 - ☐ Other surprising coincidences
-
- ☐ ☒ None of the above



How did hearing about these experiences **affect you?**

	Negatively	Neither Negatively or Positively	Positively
Nearby animals stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nearby animals start / stop vocalizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nearby animals approach / depart from the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children point into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden temperature change in the room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden air flow (e.g. curtains moving, fireplace flames "whooshing")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrical malfunction (e.g. flickering lamps, clocks stopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glowing light around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "misty" or "cloud-like" formation around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "wavy" visual distortions in the air around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surprising coincidences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How did these experiences **affect your colleague?**

	Negatively	Neither Negatively or Positively	Positively	Don't know
Nearby animals stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nearby animals start / stop vocalizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nearby animals approach / depart from the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children stare up into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children point into the air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden temperature change in the room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden air flow (e.g. curtains moving, fireplace flames "whooshing")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrical malfunction (e.g. flickering lamps, clocks stopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glowing light around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "misty" or "cloud-like" formation around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A "wavy" visual distortions in the air around the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other surprising
coincidences

☐☐☐☐

None of the
above

☐☐☐☐

End of Block: Questions for Those Without TDEs

Start of Block: Final Questions for All

Do you feel like further research on this topic is warranted?

☐ Yes, definitely

☐ Yes, somewhat

☐ No, not really

☐ No, absolutely not

Would you be interested in telling us more about your experience(s) in a short (15-30 minute) confidential interview conducted via Zoom? If yes, please select 'yes' below. You will then be automatically directed to a new screen where you can enter your name and email address. In this way, your responses to this survey stay totally anonymous. If you are not interested in an interview, just click 'no' and your survey will be completed. Thank you!

☐ Yes

☐ No

End of Block: Final Questions for All
