

# The Toolkit of Instruments to Measure End-of-Life Care

## User Information and Registration Form

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1. Both the Toolkit of Instruments to Measure End-of-Life Care and Dr. Joan M. Teno, MD, MS, will be acknowledged in any publication, report, or oral presentations.
2. If T.I.M.E. is copied for others, you undertake responsibility to ensure they agree to the user registration form and return this to Dr. Teno.
3. T.I.M.E. will not be sold, either in its original or adapted form.

I agree to the above conditions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Location where you will use T.I.M.E. (please circle as appropriate):**

Hospice / Nursing Home / Hospital  
Other (please specify): \_\_\_\_\_

**Do you plan to use T.I.M.E.? (please circle as appropriate)**

Yes, definitely / Probably / Not Sure / Probably Not / No, definitely not

*Note: Upon receipt of this registration form, Dr. Teno will send the necessary information for scoring the T.I.M.E. instruments to the applicant at the address provided above.*

Please return this form to:  
**Dr. Joan M. Teno, MD, MS, Center for Gerontology & Health Care Research, Brown University School of Medicine, 167 Angell Street, Lower Level, Providence, RI 02912 or fax at 401-863-1742.**