

**Attachment A – Revised CAHPS® Hospice Survey**

## Hospice Survey

Please answer the survey questions about the care the patient listed on the survey cover letter received from this hospice:

[NAME OF HOSPICE]

**All of the questions in this survey will ask about experiences with this hospice.**

If you want to know more about this survey, please call XXX-XXX-XXXX. All calls to this number are free.

OMB # XXXX-XXXX

Expires DATE

### Who Should Fill Out the Survey?

- ◆ The person in your household who knows the most about the hospice care received by the patient listed on the survey cover letter.

### How to Fill Out the Survey

- ◆ Please use a dark colored pen.
- ◆ Please put an X inside the square by your answer, like this:
  - ☐ Yes
  - ☒ No
- ◆ At times you will be asked to skip some questions. When this happens you will see an arrow with a note that tells you where to go next, like this:
  - ☒ Yes ➔ ***If Yes, Go to Question 1***
  - ☐ No

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## The Hospice Patient

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**1. How are you related to the patient listed on the survey cover letter?**

- <sup>1</sup> ☐ My spouse or partner  
<sup>2</sup> ☐ My parent  
<sup>3</sup> ☐ My mother-in-law or father-in-law  
<sup>4</sup> ☐ My grandparent  
<sup>5</sup> ☐ My aunt or uncle  
<sup>6</sup> ☐ My sister or brother  
<sup>7</sup> ☐ My child  
<sup>8</sup> ☐ My friend  
<sup>9</sup> ☐ Other (please print):  
\_\_\_\_\_

**2. For this survey, the phrase "family member" refers to the patient listed on the survey cover letter.**

**In what locations did your family member receive care from this hospice? Please choose one or more.**

- <sup>1</sup> ☐ Home  
<sup>2</sup> ☐ Assisted living facility  
<sup>3</sup> ☐ Nursing home  
<sup>4</sup> ☐ Hospital  
<sup>5</sup> ☐ Hospice facility/hospice house  
<sup>6</sup> ☐ Other (please print):  
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## Your Role

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**3. While your family member was in hospice care, how often did you take part in or oversee care for them?**

- <sup>1</sup> ☐ Never → **If Never, go to Question 32**  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

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## Your Family Member's Hospice Care

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**For the rest of the questions, please think only about your family member's experience with the hospice listed on the survey cover.**

**4. For this survey, the hospice team means all the nurses, doctors, social workers, chaplains and others who gave hospice care to your family member.**

**While your family member was in hospice care, did you need to contact anyone on the hospice team during evenings, weekends, or holidays for questions or help?**

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to Question 6**

**5. How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?**

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

**6. How often did the hospice team let you know when they would arrive to care for your family member?**

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

**7. When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?**

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

**8. How often did the hospice team explain things in a way that was easy to understand?**

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

**9. How often did the hospice team keep you informed about your family member's condition?**

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

**10. How often did the hospice team treat your family member with dignity and respect?**

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

**11. How often did you feel that the hospice team really cared about your family member?**

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

**12. Did the hospice team provide care that respected your family member's wishes?**

- ☐ 1 Yes, definitely
- ☐ 2 Yes, somewhat
- ☐ 3 No

**13. Did the hospice team make an effort to listen to the things that mattered most to you or your family member?**

- ☐ 1 Yes, definitely
- ☐ 2 Yes, somewhat
- ☐ 3 No

**14. Did you talk with the hospice team about any problems with your family member's hospice care?**

- ☐ 1 Yes
- ☐ 2 No → If No, go to Question 16

**15. How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?**

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

**16. While your family member was in hospice care, did they have any pain?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No ➔ If No, go to Question 18

**17. Did your family member get as much help with pain as they needed?**

<sup>1</sup> ☐ Yes, definitely

<sup>2</sup> ☐ Yes, somewhat

<sup>3</sup> ☐ No

**18. While your family member was in hospice care, did they ever have trouble breathing or receive treatment for trouble breathing?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No ➔ If No, go to Question 20

**19. How often did your family member get the help they needed for trouble breathing?**

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**20. While your family member was in hospice care, did they ever have trouble with constipation?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No ➔ If No, go to Question 22

**21. How often did your family member get the help they needed for trouble with constipation?**

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**22. While your family member was in hospice care, did they show any feelings of anxiety or sadness?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No ➔ If No, go to Question 24

**23. How often did your family member get the help they needed from the hospice team for feelings of anxiety or sadness?**

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

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### **Your Own Experience with Hospice**

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**24. Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs.**

**Did the hospice team teach you how to care for your family member?**

<sup>1</sup> ☐ Yes, definitely

<sup>2</sup> ☐ Yes, somewhat

<sup>3</sup> ☐ No

<sup>4</sup> ☐ I did not need this teaching

**25. While your family member was in hospice care, how often did the hospice team listen carefully to you?**

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

**26. Did the hospice team give you as much information as you wanted about what to expect while your family member was dying?**

- <sup>1</sup> ☐ Yes, definitely  
<sup>2</sup> ☐ Yes, somewhat  
<sup>3</sup> ☐ No

**27. Support for religious, spiritual, or cultural beliefs may include talking, praying, quiet time, or respecting traditions.**

**While your family member was in hospice care, how much support for your religious, spiritual, or cultural beliefs did you get from the hospice team?**

- <sup>1</sup> ☐ Too little  
<sup>2</sup> ☐ Right amount  
<sup>3</sup> ☐ Too much

**28. While your family member was in hospice care, how much emotional support did you get from the hospice team?**

- <sup>1</sup> ☐ Too little  
<sup>2</sup> ☐ Right amount  
<sup>3</sup> ☐ Too much

**29. In the weeks after your family member died, how much emotional support did you get from the hospice team?**

- <sup>1</sup> ☐ Too little  
<sup>2</sup> ☐ Right amount  
<sup>3</sup> ☐ Too much

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### **Overall Rating of Hospice Care**

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**30. Please answer the following questions about the hospice named on the survey cover. Do not include care from other hospices in your answers.**

**Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?**

- <sup>0</sup> ☐ 0 Worst hospice care possible  
<sup>1</sup> ☐ 1  
<sup>2</sup> ☐ 2  
<sup>3</sup> ☐ 3  
<sup>4</sup> ☐ 4  
<sup>5</sup> ☐ 5  
<sup>6</sup> ☐ 6  
<sup>7</sup> ☐ 7  
<sup>8</sup> ☐ 8  
<sup>9</sup> ☐ 9  
<sup>10</sup> ☐ 10 Best hospice care possible

**31. Would you recommend this hospice to your friends and family?**

- ☐ 1 Definitely no
- ☐ 2 Probably no
- ☐ 3 Probably yes
- ☐ 4 Definitely yes

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**About Your Family Member**

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**32. What is the highest grade or level of school that your family member completed?**

- ☐ 1 8<sup>th</sup> grade or less
- ☐ 2 Some high school but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree
- ☐ 7 Don't know

**33. Was your family member of Hispanic, Latino, or Spanish origin or descent?**

- ☐ 1 No, not Spanish/Hispanic/Latino
- ☐ 2 Yes, Cuban
- ☐ 3 Yes, Mexican, Mexican American, Chicano/a
- ☐ 4 Yes, Puerto Rican
- ☐ 5 Yes, Other Spanish/Hispanic/Latino

**34. What was your family member's race? Please choose one or more.**

- ☐ 1 American Indian or Alaska Native
- ☐ 2 Asian
- ☐ 3 Black or African American
- ☐ 4 Native Hawaiian or other Pacific Islander
- ☐ 5 White

**35. How often was your family member treated unfairly by the hospice team because of their race or ethnicity?**

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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**About You**

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**36. What is your age?**

- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 to 74
- ☐ 7 75 to 84
- ☐ 8 85 or older

**37. Are you male or female?**

- ☐ 1 Male
- ☐ 2 Female

**38. What is the highest grade or level of school that you have completed?**

- <sup>1</sup> ☐ 8<sup>th</sup> grade or less
- <sup>2</sup> ☐ Some high school but did not graduate
- <sup>3</sup> ☐ High school graduate or GED
- <sup>4</sup> ☐ Some college or 2-year degree
- <sup>5</sup> ☐ 4-year college graduate
- <sup>6</sup> ☐ More than 4-year college degree

**39. What language do you mainly speak at home?**

- <sup>1</sup> ☐ English
- <sup>2</sup> ☐ Spanish
- <sup>3</sup> ☐ Chinese
- <sup>4</sup> ☐ Russian
- <sup>5</sup> ☐ Portuguese
- <sup>6</sup> ☐ Vietnamese
- <sup>7</sup> ☐ Polish
- <sup>8</sup> ☐ Korean
- <sup>9</sup> ☐ Some other language (please print):  
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***THANK YOU***

**Please return the completed survey in the postage-paid envelope.**

COMPANY  
Attn: NAME  
STREET  
CITY, STATE ZIP



