



Family Evaluation of Hospice Care

SURVEY INSTRUCTIONS

Please answer each question by choosing the answer that best describes your experience while under the care of hospice. Answer all the questions. Mark the box to the left of your answer or writing in the information in the space provided.

You are sometimes told to skip over some questions in the survey. Note that tells you what question to answer next, like this:

For mom
To date no
time to complete
too busy with
Starkwell,

That would go for
grief counseling as
well 1-20-16

SECTION A

- A1) In what month and year did the patient die? _____
- A2) For about how many days or months did the patient receive hospice care? _____
- A3) As far as you know, did any member of the hospice team discuss the patient's wishes for medical treatment as he/she was dying? Yes No
- A4) At any time while the patient was under the care of hospice, did any hospice team member do anything with respect to end-of-life care that was inconsistent with the patient's previously stated wishes? Yes No

Comments: _____

SECTION B

- B1) While under the care of hospice, did the patient have pain or take medicine for pain? Yes No → If No, Go to Question B5
- B2) How much medicine did the patient receive for his/her pain? Less than was wanted Just the right amount More than patient wanted
- B3) Did you or your family receive any information from the hospice team about the medicines that were used to manage the patient's pain? Yes No Don't Know
- B4) Did you want more information than you got about the medicines used to manage the patient's pain? Yes No
- B5) While under the care of hospice, did the patient have trouble breathing? Yes No → If No, Go to Question B9
- B6) How much help in dealing with his/her breathing did the patient receive while under the care of hospice? Less than was wanted Just the right amount More than patient wanted
- B7) Did you or your family receive any information from the hospice team about what was being done to manage the patient's trouble with breathing? Yes No Don't Know No treatments used for breathing → Go to Question B9
- B8) Did you want more information than you got about what was being done for the patient's trouble with breathing? Yes No
- B9) While the patient was under the care of hospice, did he/she have any feelings of anxiety or sadness? Yes No → If No, Go to Question C1

- B10) How much help in dealing with these feelings did the patient receive?
 Less than was wanted Right amount More help or attention to these feelings than patient wanted

Comments: _____

SECTION C

- C1) How often were the patient's personal care needs - such as bathing, dressing, and changing bedding - taken care of as well as they should have been by the hospice team?
 Always Usually Sometimes Never Hospice team was not needed or wanted for personal care
- C2) How often did the hospice team treat the patient with respect?
 Always Usually Sometimes Never

Comments: _____

SECTION D

- D1) While the patient was under the care of hospice, did you participate in taking care of him/her?
 Yes No → **If No, Go to Question D5**
- D2) Did you have enough instruction to do what was needed? Yes No
- D4) How confident were you that you knew as much as you needed to about the medicines being used to manage the patient's pain, shortness of breath, or other symptoms?
 Very confident Fairly confident Not confident
- D5) How often did the hospice team keep you or other family members informed about the patient's condition?
 Always Usually Sometimes Never
- D6) Did you or your family receive any information from the hospice team about what to expect while the patient was dying? Yes No
- D7) Would you have wanted more information about what to expect while the patient was dying? Yes No

Comments: _____

SECTION E

- E1) Did any member of the hospice team talk with you about your religious or spiritual beliefs? Yes No
- E2) Did you have as much contact of that kind as you wanted? Yes No
- E3) How much emotional support did the hospice team provide to you prior to the patient's death?
 Less than was wanted Right amount More attention than was wanted
- E4) How much emotional support did the hospice team provide to you after the patient's death?
 Less than was wanted Right amount More attention than was wanted
- E5) How much help did the patient and/or you receive from volunteers while under the care of hospice?
 Less than wanted Just the right amount More than wanted Did not receive volunteer services

Comments: _____

SECTION F

- F1) How often did someone from the hospice team give confusing or contradictory information about the patient's medical treatment? Always Usually Sometimes Never
- F2) While under the care of hospice, was there always one nurse who was identified as being in charge of the patient's overall care? Yes No
- F3) Was there any problem with hospice doctors or nurses not knowing enough about the patient's medical history to provide the best possible care? Yes No

Comments: _____

SECTION G

- G1) Overall, how would you rate the care the patient received while under the care of hospice?
 Excellent Very good Good Fair Poor
- G2) How would you rate the way the hospice team responded to your needs in the evenings and weekends?
 Excellent Very good Good Fair Poor Never contacted evening or weekend services
- G2a) Did the hospice team explain the plan of care to you in a way that you could understand?
 Yes No Hospice team did not explain plan of care to me
- G2b) How often did you agree with changes in the plan of care?
 Always Usually Sometimes Never No changes were made to plan of care
- G3) Based on the care the patient received, would you recommend this hospice to others?
 Definitely No Probably No Probably Yes Definitely Yes
- G4) In your opinion, was the patient referred to hospice too early, at the right time, or too late during the course of his/her final illness?
 Too early At the right time Too late

Comments: _____

SECTION H

Please give us the following information about your loved one:

- H1) How old was the patient when he/she died? _____ years old
- H2) Was the patient Male or Female?
- H3) Please choose the one disease group that best describes the primary illness that caused the patient to be referred to hospice. **Please choose only one.**
 Cancers – all types Heart & circulatory diseases Lung & breathing diseases Kidney diseases
 Liver diseases Strokes Dementia & Alzheimer's disease AIDS & other infectious diseases
 Frailty and decline due to old age Another disease _____
- H4) What is the highest grade or level of school that the patient completed?
 8th grade or less Some high school but did not graduate High school graduate or GED
 1-3 years of college 4-year college graduate More than a 4-year college degree
- H5) Was the patient of Hispanic or Spanish family background? Yes No
- H6) Which of the following best describes the patient's race?

SECTION V

If your family member was a Veteran, please help us improve the care we provide by answering the following questions.

- V1) Did someone ask the patient about his/her military service and experiences? (For example, which branch of the military he/she served in or his/her dates of service?)
 Yes No Not sure
- V2) How often did the hospice staff take the time to listen to the patient's stories and/or concerns related to his/her military experience?
 Always Usually Sometimes Never Not sure Patient did not talk to hospice staff about his/her military experience
- V3) Some veterans near the end of life re-experience the stress and emotions that they had when they were in combat. Did this happen to the patient?
 Yes No → **Go To Question V4** Not sure → **Go To Question V4**
 Patient did not experience combat → **Go To Question V4**
- V3.a) How often did the patient's combat related stress make him/her uncomfortable?
 Always Usually Sometimes Never Not sure
- V3.b) How much help did the patient receive in dealing with his/her emotions related to combat related stress? Less than wanted Just the right amount More than patient wanted Not sure
- V4) Would it have been helpful to have more information about VA benefits for surviving spouses and dependents?
 Yes No
- V5) Would it have been helpful to have more information about VA burial and memorial benefits?
 Yes No
- V6) Did the patient receive health care from the VA?
 Yes, he/she wanted to get care from the VA and was eligible No, he/she wanted to get care from the VA but was not eligible No, he/she never tried to get care from the VA I'm not sure

THANK YOU VERY MUCH FOR YOUR TIME!

PLEASE PUT THIS SURVEY IN THE ENCLOSED ENVELOPE & MAIL IT BACK TO US TODAY.