

## **Appendix Q**

### **Telephone Script (English)**

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# CAHPS Hospice Survey Telephone Script (English)

## Overview

This telephone interview script is provided to assist interviewers while attempting to reach the caregiver of the sampled decedent. The script explains the purpose of the survey and confirms necessary information about the caregiver and decedent.

## General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
  - YES and NO response options are only to be read if necessary
    - Any alternative positive or negative response will be accepted

*Note: It is not permissible to **capitalize** underlined content, as text that appears in uppercase letters throughout the CATI script must not be read out loud. Survey vendors are permitted to emphasize underlined content in a different manner if underlining is not a viable option, such as placing quotes (“”) or asterisks (\*\*) around the text to be emphasized or italicizing the emphasized words.*

- All questions and all answer categories must be read exactly as they are worded
  - During the course of the survey, use of neutral acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma’am
    - Yes, Sir
  - During the course of the survey, if the caregiver mentions the decedent by “he or him” or “she or her,” the interviewer may use that pronoun during the interview rather than the required “him or her” or “he or she”
- The script must be read from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- The pace of the CAHPS Hospice Survey interview should be adjusted to be conducive to the needs of the respondent
- No changes are permitted to the order of the question and answer categories for the “Core,” “About Your Family Member” and “About You” CAHPS Hospice Survey questions
  - The first thirty-one “Core” questions must remain together
  - The four “About Your Family Member” questions must remain together
  - The four “About You” questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read

- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens
- **Only one language (i.e., English or Spanish) can appear on the electronic interviewing system screen**
- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system scripts. This allows the telephone interviewer to go to the next question if a caregiver is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of "MISSING/DK" is coded as "M – Missing/Don't Know."
- Skip patterns should be programmed into the electronic telephone interviewing system
  - Appropriately skipped questions should be coded as "88 – Not Applicable." For example, if a caregiver answers "No" to Question 4 of the CAHPS Hospice Survey, the program should skip Question 5, and go to Question 6. Question 5 must then be coded as "88 – Not Applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M – Missing/Don't Know." For example, if the caregiver does not provide an answer to Question 4 of the CAHPS Hospice Survey and the interviewer selects "MISSING/DK" to Question 4, then the telephone interviewing system should be programmed to skip Question 5 and go to Question 6. Question 5 must then be coded as "M – Missing/Don't Know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

## INITIATING CONTACT

**START:** Hello, this is [INTERVIEWER NAME]. May I please speak with [SAMPLED CAREGIVER NAME]?

- <1> YES [GO TO INTRO]
- <2> YES, RESPONDENT IS ANOTHER MEMBER OF THE HOUSEHOLD [GO TO CONFIRMATION]
- <3> PROXY IDENTIFIED [COLLECT PROXY INFORMATION THEN RETURN TO INTRO]
- <4> NO, REFUSAL [GO TO REFUSAL]
- <5> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]
- <6> ALREADY RETURNED SURVEY BY MAIL [GO TO MAILED]
- <7> PATIENT DIDN'T RECEIVE CARE AT NAMED HOSPICE [GO TO DISAVOWAL]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [VENDOR NAME]. We are working with [HOSPICE NAME] and Medicare to conduct a survey about hospice care.

IF NOT A GOOD TIME FOR CALL OR THE SAMPLED CAREGIVER IS NOT AVAILABLE:

Can you tell me a good time to call back?

**CONFIRMATION:**

Am I speaking with [SAMPLED CAREGIVER]?

<1> YES [GO TO INTRO]

<2> NO [GO TO START]

\*\*\*\*\*

**INITIATING CONTACT WITH A PROXY RESPONDENT**

**START:** Hello, may I please speak to [PROXY CAREGIVER NAME]?

<1> YES [GO TO INTRO]

<2> NO [GO TO REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [VENDOR NAME]. We are working with [HOSPICE NAME] and Medicare to conduct a survey about hospice care.

IF NOT A GOOD TIME FOR CALL OR THE PROXY CAREGIVER IS NOT AVAILABLE:

Can you tell me a good time to call back?

IF SOMEONE OTHER THAN THE PROXY CAREGIVER ANSWERS THE PHONE, RECONFIRM THAT YOU ARE SPEAKING WITH THE PROXY CAREGIVER WHEN HE OR SHE PICKS UP.

\*\*\*\*\*

**CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY**

**START:** Hello, may I please speak to [SAMPLED CAREGIVER NAME/PROXY CAREGIVER NAME]?

<1> YES [GO TO CONFIRM RESPONDENT]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF NEEDED TO CONFIRM SPEAKING TO RESPONDENT: This is [INTERVIEWER NAME] calling from [SURVEY VENDOR]. I am calling to complete a survey that you started with us. Before we continue with the survey, I just want to make sure that I am speaking with [CAREGIVER NAME]?

CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

## SPEAKING WITH CAREGIVER

**INTRO:** Hi, my name is [INTERVIEWER NAME] and I'm calling from [VENDOR NAME]. We are calling about an important survey about the care patients get from [HOSPICE NAME]. We are calling you because you helped care for [DECEDENT NAME].

We realize this may be a hard time for you, and we're sorry for your recent loss. We are hoping that you will take a few moments to tell us how [HOSPICE NAME] cared for [DECEDENT NAME]. Medicare uses your responses to this survey to improve hospice care and help others select a hospice.

Your participation is voluntary, and the interview will take [FILL: approximately 9 minutes/SURVEY VENDOR SPECIFY]. Your answers may be shared with the hospice for purposes of quality improvement.

**IF ASKED WHETHER SOMEONE ELSE CAN SERVE AS PROXY FOR SAMPLED CAREGIVER:**

For this survey, we need to speak to the person in your household who is the most knowledgeable about the hospice care received by [DECEDENT NAME]. Would that be you or someone else in your household?

IF OTHER HOUSEHOLD MEMBER: May I please have that person's name?

AFTER RECORDING NAME: May I please speak to this person?

**IF NEEDED AND SPEAKING WITH THE SAMPLED CAREGIVER:**

We received your name from [HOSPICE NAME] because you were listed as the caregiver for [DECEDENT NAME].

**IF NEEDED AND SPEAKING WITH PROXY FOR SAMPLED CAREGIVER:** We received your name from [SAMPLED CAREGIVER] because he/she indicated that you were knowledgeable about the hospice care received by [DECEDENT NAME].

- <1> YES [GO TO CONTINUE]
- <2> PROXY IDENTIFIED [COLLECT PROXY INFORMATION, THEN RETURN TO PROXY INTRO]
- <3> NO, WILL RETURN COMPLETED MAILED SURVEY [GO TO CALLBACK]
- <4> NO, CALL BACK [GO TO CALLBACK]
- <5> NO, OR UNAVAILABLE DURING FIELD PERIOD [GO TO ITEM TO CODE INELIGIBLE, ETC.,]
- <6> REFUSE [GO TO REFUSAL]
- <7> ALREADY RETURNED SURVEY BY MAIL [GO TO MAILED]
- <8> NOT INVOLVED IN CARE AND NO PROXY IDENTIFIED [GO TO INELIGIBLE]
- <9> PATIENT DIDN'T RECEIVE CARE AT NAMED HOSPICE [GO TO DISAVOWAL]

\*\*\*\*\*

### **CONTINUE**

This call may be monitored [OPTIONAL: and/or recorded] for quality improvement purposes. May we begin?

<1> YES [BEGIN SURVEY]

<2> NO, CALL BACK [GO TO CALLBACK]

<3> REFUSE [GO TO REFUSAL]

\*\*\*\*\*

### **MAILED - MIXED MODE**

Thank you so much for completing the survey by mail. Perhaps we still have not gotten it but we'll check our records again. We may need to contact you again in case we still have not received it. [END CALL]

\*\*\*\*\*

### **MAILED - TELEPHONE ONLY MODE**

I'm sorry, for this project we are only doing the survey by telephone. This is a very important study for [HOSPICE NAME] and they could use your help.

### **INELIGIBLE**

I'm sorry, for this project we are only speaking with family members or friends who took part in or oversaw hospice care for their family members. Thank you for your time. Have a good (day/evening). [END CALL]

\*\*\*\*\*

### **REFUSAL**

Thank you for your time. Have a good (day/evening). [END CALL]

\*\*\*\*\*

### **DISAVOWAL**

Perhaps there was an error in our records. Thank you for your time. Have a good (day/evening). [END CALL]

\*\*\*\*\*

## BEGIN CAHPS HOSPICE SURVEY QUESTIONS

Q1\_INTRO Please answer all questions in this survey about the care the patient received at [HOSPICE NAME]. When thinking about your answers, do not include any other hospice stays.

BE PREPARED TO PROBE IF THE CAREGIVER ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE CAREGIVER.

Q1 How are you related to [DECEDENT NAME]?

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <1> MY SPOUSE OR PARTNER [GO TO Q2]
- <2> MY PARENT [GO TO Q2]
- <3> MY MOTHER-IN-LAW  
OR FATHER-IN-LAW [GO TO Q2]
- <4> MY GRANDPARENT [GO TO Q2]
- <5> MY AUNT OR UNCLE [GO TO Q2]
- <6> MY SISTER OR BROTHER [GO TO Q2]
- <7> MY CHILD [GO TO Q2]
- <8> MY FRIEND [GO TO Q2]
- <9> OTHER (PLEASE SPECIFY) [GO TO Q1A]
  
- <M> MISSING/DK [GO TO Q2]

Q1A How are you related to [DECEDENT NAME]?

NOTE: PLEASE DOCUMENT THE RELATIONSHIP AND MAINTAIN IN YOUR INTERNAL RECORDS.

[NOTE: FOR TELEPHONE INTERVIEWING, Q2 IS BROKEN INTO PARTS A – G.]

Q2 For this survey, the phrase “family member” refers to [DECEDENT NAME]. Please answer yes or no to each of the categories. I am required to read all six categories. In what locations did your family member receive care from [HOSPICE NAME]?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

Q2A At home?

- <1> YES
- <0> NO

<M> MISSING/DK



Q2B At an assisted living facility?

<1> YES

<0> NO

<M> MISSING/DK

Q2C At a nursing home?

<1> YES

<0> NO

<M> MISSING/DK

Q2D At a hospital?

<1> YES

<0> NO

<M> MISSING/DK

Q2E At a hospice facility or hospice house?

<1> YES

<0> NO

<M> MISSING/DK

Q2F At some other place?

<1> YES

[GO TO Q2G]

<0> NO

[GO TO Q3]

<M> MISSING/DK

[GO TO Q3]

Q2G Where did your family member receive care?

NOTE: PLEASE DOCUMENT THE OTHER PLACE AND MAINTAIN IN YOUR INTERNAL RECORDS.

Q3 While your family member was in hospice care, how often did you take part in or oversee care for them? Would you say...

- <1> Never, [GO TO Q32\_INTRO]
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q4\_INTRO For the rest of the questions in this survey, please think only about your family member's experience with [HOSPICE NAME].

Q4 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?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q6]

[<88> NOT APPLICABLE]

<M> MISSING/DK [GO TO Q6]

Q5 How often did you get the help you needed from the hospice team during evenings, weekends, or holidays? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q6 How often did the hospice team let you know when they would arrive to care for your family member? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q7 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? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q8 How often did the hospice team explain things in a way that was easy to understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q9 How often did the hospice team keep you informed about your family member's condition? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q10 How often did the hospice team treat your family member with dignity and respect?  
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q11 How often did you feel that the hospice team really cared about your family member? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q12 Did the hospice team provide care that respected your family member's wishes?  
Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q13 Did the hospice team make an effort to listen to the things that mattered most to you or your family member? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q14 Did you talk with the hospice team about any problems with your family member's hospice care?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

NOTE: IF THE RESPONDENT REPLIES, "I DIDN'T HAVE ANY PROBLEMS," CODE RESPONSE AS "NO."

<1> YES

<2> NO [GO TO Q16]

[<88> NOT APPLICABLE]

<M> MISSING/DK [GO TO Q16]

Q15 How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q16 While your family member was in hospice care, did they have any pain?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO [GO TO Q18]

[<88> NOT APPLICABLE]

<M> MISSING/DK [GO TO Q18]

Q17 Did your family member get as much help with pain as they needed? Would you say...

<1> Yes, definitely,

<2> Yes, somewhat, or

<3> No?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q18 While your family member was in hospice care, did they ever have trouble breathing or receive treatment for trouble breathing?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[GO TO Q20]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q20]

Q19 How often did your family member get the help they needed for trouble breathing? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q20 While your family member was in hospice care, did they ever have trouble with constipation?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[GO TO Q22]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q22]

Q21 How often did your family member get the help they needed for trouble with constipation? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q22 While your family member was in hospice care, did they show any feelings of anxiety or sadness?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[GO TO Q24]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q24]

Q23 How often did your family member get the help they needed from the hospice team for feelings of anxiety or sadness? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q24\_INTRO The next set of questions is about your own experience with hospice.

Q24 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? Would you say...

<1> Yes, definitely,

<2> Yes, somewhat,

<3> No, or

<4> I did not need this teaching.

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q25 While your family member was in hospice care, how often did the hospice team listen carefully to you? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

Q26 Did the hospice team give you as much information as you wanted about what to expect while your family member was dying? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q27 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? Would you say...

- <1> Too little,
- <2> The right amount, or
- <3> Too much?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q28 While your family member was in hospice care, how much emotional support did you get from the hospice team? Would you say...

- <1> Too little,
- <2> The right amount, or
- <3> Too much?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q29 In the weeks after your family member died, how much emotional support did you get from the hospice team? Would you say...

- <1> Too little,
- <2> The right amount, or
- <3> Too much?

[<88> NOT APPLICABLE]

<M> MISSING/DK



Q30 Please answer the following questions about [HOSPICE NAME]. 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?

IF THE RESPONDENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: 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?

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <0> 0
- <1> 1
- <2> 2
- <3> 3
- <4> 4
- <5> 5
- <6> 6
- <7> 7
- <8> 8
- <9> 9
- <10> 10

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q31 Would you recommend this hospice to your friends and family? Would you say...

- <1> Definitely no,
- <2> Probably no,
- <3> Probably yes, or
- <4> Definitely yes?

[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q32\_INTRO We have a few more questions to ask you. The next questions are about your family member.

Q32 What is the highest grade or level of school that your family member completed? [OPTIONAL: Did he or she...]

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <1> Complete 8th grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than a 4-year college degree?
- <7> RESPONDENT INDICATES THAT HE OR SHE DOES NOT KNOW FAMILY MEMBER'S LEVEL OF EDUCATION

<M> MISSING

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS 4. IF THE RESPONDENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THE FAMILY MEMBER HAS A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q33 Was your family member of Hispanic, Latino, or Spanish origin or descent?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <X> YES
- <1> NO

<M> MISSING/DK

IF YES: Would you say your family member was (READ ALL RESPONSE CHOICES)

- <2> Cuban,
- <3> Mexican, Mexican American, Chicano/a,
- <4> Puerto Rican, or
- <5> Other Spanish/Hispanic/Latino?

<M> MISSING/DK

[NOTE: FOR TELEPHONE INTERVIEWING, QUESTION 34 IS BROKEN INTO PARTS A – E.]

Q34 When I read the following, please tell me if the category describes your family member's race. I am required to read all five categories. Please answer yes or no to each of the categories.

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW CAREGIVER TO REPLY TO EACH RACE CATEGORY.

IF THE RESPONDENT REPLIES, “WHY ARE YOU ASKING ABOUT MY FAMILY MEMBER’S RACE?:” We ask about your family member’s race for demographic purposes. We want to make sure that the people we include accurately represent the racial diversity in this country.

IF THE RESPONDENT REPLIES, “I ALREADY TOLD YOU ABOUT MY FAMILY MEMBER’S RACE.:" I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to your family member please answer no. Thanks for your patience.

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

Q34A Was your family member American Indian or Alaska Native?

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE  
<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<M> MISSING/DK

Q34B Was your family member Asian?

<1> YES/ASIAN  
<0> NO/NOT ASIAN

<M> MISSING/DK

Q34C Was your family member Black or African American?

<1> YES/BLACK OR AFRICAN AMERICAN  
<0> NO/NOT BLACK OR AFRICAN AMERICAN

<M> MISSING/DK

Q34D Was your family member Native Hawaiian or other Pacific Islander?  
<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
  
<M> MISSING/DK

Q34E Was your family member White?  
  
<1> YES/WHITE  
<0> NO/NOT WHITE  
  
<M> MISSING/DK

Q35 How often was your family member treated unfairly by the hospice team because of their race or ethnicity? Would you say...  
  
<1> Never,  
<2> Sometimes,  
<3> Usually, or  
<4> Always?  
  
[<88> NOT APPLICABLE]  
<M> MISSING/DK

Q36\_INTRO The next questions are about you.

Q36 What is your age?

READ ANSWER CHOICES ONLY *IF NECESSARY*

<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

<M> MISSING/DK

Q37 INTERVIEWER ASK ONLY ***IF NEEDED***: Are you male or female?

<1> MALE

<2> FEMALE

<M> MISSING/DK

Q38 What is the highest grade or level of school that you have completed? [OPTIONAL: Did you...]

READ ANSWER CHOICES ONLY ***IF NECESSARY***

<1> Complete 8th grade or less,

<2> Complete some high school, but did not graduate,

<3> Graduate from high school or earn a GED,

<4> Complete some college or earn a 2-year degree,

<5> Graduate from a 4-year college, or

<6> Complete more than a 4-year college degree?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS 4. IF THE RESPONDENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF SHE/HE HAS A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q39 What language do you mainly speak at home? Please listen to all response choices before you answer. Would you say that you mainly speak...

<1> English, [GO TO END]

<2> Spanish, [GO TO END]

<3> Chinese, [GO TO END]

<4> Russian, [GO TO END]

<5> Portuguese, [GO TO END]

<6> Vietnamese, [GO TO END]

<7> Polish, [GO TO END]

<8> Korean, or [GO TO END]

<9> Some other language? [GO TO Q39A]

<M> MISSING/DK [GO TO END]

IF THE CAREGIVER REPLIES WITH MULTIPLE LANGUAGES, PROBE: Would you say that you mainly speak [LANGUAGE A] or [LANGUAGE B]?

NOTE: IF THE CAREGIVER REPLIES THAT THEY SPEAK AMERICAN, PLEASE CODE AS 1 – ENGLISH.

Q39A What other language do you mainly speak at home?

NOTE: PLEASE DOCUMENT THE OTHER LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS

**END** Those are all the questions I have. [OPTIONAL: Should you like the number for bereavement support at [HOSPICE NAME], I can provide that to you now.]

INTERVIEWER: PROVIDE CONTACT INFORMATION AS NEEDED.

We are very sorry for your loss. Thank you for your time.

READ ONLY *IF APPROPRIATE*

Have a good (day/evening). [END CALL]