

## **Appendix R**

### **Web Survey Materials (English)**

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# Web Survey Requirements

## Required for the Web Survey System

Survey vendors may use the web survey system and software of their choice. Survey vendors are responsible for programming the web survey to conform to the template and specifications provided in the official Web Survey Instrument (Appendix R, and other languages found on the CAHPS Hospice Survey Website). The web survey system should enable survey administration in English, and any optional languages offered by CMS, if the optional language will be administered by the survey vendor. Survey vendors are not permitted to make or use any other translations of the CAHPS Hospice web materials.

- The web survey system must:
  - support the use of a URL that is a maximum of 25 characters
  - be linked electronically to the survey management system to allow tracking of the sampled caregivers through the survey administration process
  - support dissemination of emailed survey invitations that include an embedded hyperlink unique to each sampled caregiver that the caregiver can click on to directly connect to the web survey
  - track whether a caregiver has an email address and whether the email address was identified as invalid (e.g., results in a delivery error message).
  - allow for the removal of sampled caregivers from further data collection attempts following submission of a web survey
  - support capture of data from web surveys that are initiated and suspended without submission of a completed survey
  - allow for web surveys to be suspended and resumed at a later date, returning the respondent to the first unanswered question
  - track whether the web survey was initiated using the web invitation email or web reminder email. The vendor must retain this information in their records.
  - allow for the respondent to back up and change a previously selected response
  - allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the caregiver's screen (whether phone, tablet, computer).
  - allow a web survey to be programmed to be 508 compliant
- In addition, the web survey platform must:
  - NOT allow for advertisements of any kind to be embedded or displayed. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
  - NOT allow respondents to access the web survey after submission or after the data collection window has closed
  - NOT require the creation of a password to initiate or resume the web survey

## Required for the Web Survey

The CAHPS Hospice Survey Core questions (Q1 – Q31) must be placed at the beginning of the survey. The order of the Core questions must **not** be altered, and all the Core questions must remain

together. The “About Your Family Member” and “About You” questions must be placed after the Core questions and cannot be eliminated from the questionnaire. The “About You” questions must follow the “About Your Family Member” questions.

Survey vendors must adhere to the following specifications for web survey formatting:

#### Welcome Screen

- Hospice logos may be included on the Welcome screen; however, other images, tag lines or website links are not permitted
- The name of the hospice must be included on the Welcome screen as indicated in the web survey templates
  - If applicable, the Welcome screen may also include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- Decedent name must only appear on the Welcome Screen
  - Decedent name must not be included on any other screen in the web survey
  - Caregiver name must not be included on any screen in the web survey
- As indicated in the web survey templates, the OMB Paperwork Reduction Act language must be displayed on the Welcome screen and appear below the survey “NEXT” button
  - The OMB language font size must appear smaller than the rest of the text of the Welcome screen, but no smaller than 10-point at a minimum

#### CAHPS Hospice Survey Questions

- The caregiver must be able to select their preferred language from English and any offered optional translations
- Question and answer category wording must not be changed
  - No changes are permitted in the order of the Core questions (Q1 – Q31)
  - No changes are permitted in the order of the “About Your Family Member” questions
  - No changes are permitted in the order of the “About You” questions
  - No changes are permitted in the order of the answer categories for the Core, “About Your Family Member,” or “About You” questions
  - All **bolded** or underlined content must be emphasized
  - All punctuation for the question and answer categories located in Appendix R must be programmed
  - All response categories must be listed vertically. Matrix format is not permitted.
  - All questions are programmed to accept only one response, with the exception of Q2 and Q34
- Section headings (e.g., “**Your Family Member’s Hospice Care**”) must be bolded and included as a shaded web screen header on each page
- Skip patterns must be programmed into the web survey system
- Survey vendors must **not**:
  - program a specific response category as the default option
  - use a progress bar or other progress indicator on web screens
- The name of the hospice may be filled in Questions 2, 4, and 30, as indicated below
  - Question 2 – “In what locations did your family member receive care from [ABC Hospice]?”

- Above Question 4 – “For the rest of the questions, please think only about your family member's experience with [ABC Hospice].”
- Question 30 – “Please answer the following questions about [ABC Hospice]. Do not include care from other hospices in your answers.”

#### Formatting

- No changes are permitted to the formatting or wording of the web screens
  - [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
- Only one language may appear on the web screen throughout the survey
- Display only one survey item per web screen and all questions must allow paging through without requiring a response
  - When displayed, “BACK” button appears in the lower left of each web screen
  - When displayed, “NEXT” button appears in the lower right of each web screen
- Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)
- Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
- Font color and size (12-point at a minimum) must be consistent throughout the web survey
- Blank space should be used to distinguish the response options from the question text
- Blank space should be used to distinguish navigation buttons from response options

#### Other Requirements

- The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
- The copyright statement must be displayed on the Thank You web screen and appear below the survey “SUBMIT” button
  - The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum



# CAHPS Hospice Survey

## English Web Survey

### GENERAL PROGRAMMING SPECIFICATIONS:

- Display only one survey item per screen*
- When displayed, “BACK” button appears in the lower left of each screen*
- When displayed, “NEXT” button appears in the lower right of each screen*
- Every question has a color or shaded header*
- All questions can be paged through without requiring a response*

### Hospice Survey

- Welcome, continue in English*
- Bienvenidos continuar en español*

NEXT / SIGUIENTE

### [PROGRAMMING SPECIFICATION:

- ALL CAREGIVERS START WITH THIS SCREEN*
- INCLUDE LANGUAGE SELECTION OPTIONS FOR ALL APPROVED SURVEY LANGUAGES OFFERED FOR THIS HOSPICE. RESPONSE OF ANY APPROVED LANGUAGE AT THIS SCREEN, SKIPS TO THE VERSION OF THE SURVEY IN THAT LANGUAGE*

## Hospice Survey

*[PROGRAMMING SPECIFICATION: THIS IS THE SURVEY WELCOME SCREEN]*

### SURVEY INSTRUCTIONS

Please answer the survey questions about the care [DECEDENT NAME] 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 [VENDOR PHONE]. All calls to this number are free.

- **Who should fill out the survey?** The person in your household who knows the most about the hospice care received by [DECEDENT NAME].

Click NEXT to begin the survey.

BACK

NEXT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1257 (Expires November 30, 2027). The time required to complete this information collection is estimated to average 9 minutes for questions 1 – 31, the “About Your Family Member” questions and the “About You” questions on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

## The Hospice Patient

### 1. How are you related to the patient listed in the survey invitation email?

- <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 specify): [OPEN END – ALLOW 100 CHARACTERS]

BACK

NEXT

## The Hospice Patient

2. For this survey, the phrase "family member" refers to the patient listed in the survey invitation email.

**In what locations did your family member receive care from [HOSPICE NAME]? Please choose one or more.**

- 1 Home
- 2 Assisted living facility
- 3 Nursing home
- 4 Hospital
- 5 Hospice facility/hospice house
- 6 Other (please specify): [OPEN END – ALLOW 100 CHARACTERS]

BACK

NEXT

*[PROGRAMMING SPECIFICATION:*

- 2 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]

## Your Role

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

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

BACK

NEXT

*[PROGRAMMING SPECIFICATION:*

- A RESPONSE OF "NEVER" AT 3 SKIPS TO 32
  - STORE A VALUE OF "88" IN Q4 THROUGH Q31]

## Your Family Member's Hospice Care

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

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

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 4 SKIPS TO 6
  - STORE A VALUE OF "88" IN Q5]

## Your Family Member's Hospice Care

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

BACK

NEXT

## Your Family Member's Hospice Care

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

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

BACK

NEXT

## Your Family Member's Hospice Care

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

BACK

NEXT

## Your Family Member's Hospice Care

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

BACK

NEXT

## Your Family Member's Hospice Care

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

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

BACK

NEXT

## Your Family Member's Hospice Care

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

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

BACK

NEXT

## Your Family Member's Hospice Care

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

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

BACK

NEXT

## Your Family Member's Hospice Care

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

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

BACK

NEXT

## Your Family Member's Hospice Care

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

BACK

NEXT

## Your Family Member's Hospice Care

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

- 1 Yes
- 2 No

BACK

NEXT

*[PROGRAMMING SPECIFICATION:*

- A RESPONSE OF "NO" AT 14 SKIPS TO 16
  - STORE A VALUE OF "88" IN Q15]

## Your Family Member's Hospice Care

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

## Your Family Member's Hospice Care

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

<sup>1</sup> Yes

<sup>2</sup> No

BACK

NEXT

*[PROGRAMMING SPECIFICATION:*

- A RESPONSE OF “NO” AT 16 SKIPS TO 18
  - STORE A VALUE OF “88” IN Q17]

## Your Family Member's Hospice Care

### 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

BACK

NEXT

## Your Family Member's Hospice Care

### 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

BACK

NEXT

*[PROGRAMMING SPECIFICATION:*

- A RESPONSE OF “NO” AT 18 SKIPS TO 20
  - STORE A VALUE OF “88” IN Q19]

## Your Family Member's Hospice Care

**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

BACK

NEXT

## Your Family Member's Hospice Care

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

- <sup>1</sup> Yes
- <sup>2</sup> No

BACK

NEXT

*[PROGRAMMING SPECIFICATION:*

- A RESPONSE OF "NO" AT 20 SKIPS TO 22
  - STORE A VALUE OF "88" IN Q21]

## Your Family Member's Hospice Care

**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

BACK

NEXT

## Your Family Member's Hospice Care

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

- 1 Yes
- 2 No

BACK

NEXT

*[PROGRAMMING SPECIFICATION:*

- A RESPONSE OF "NO" AT 22 SKIPS TO 24
  - STORE A VALUE OF "88" IN Q23]

## Your Family Member's Hospice Care

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

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

BACK

NEXT

## Your Own Experience With Hospice

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?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No
- 4 I did not need this teaching

BACK

NEXT

## Your Own Experience With Hospice

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

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

BACK

NEXT

## Your Own Experience With Hospice

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

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

BACK

NEXT

## Your Own Experience With Hospice

**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?**

- 1 Too little
- 2 Right amount
- 3 Too much

BACK

NEXT

## Your Own Experience With Hospice

**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

BACK

NEXT

## Your Own Experience With Hospice

**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

BACK

NEXT

## Overall Rating of Hospice Care

30. 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?

0  0 Worst hospice care possible  
1  1  
2  2  
3  3  
4  4  
5  5  
6  6  
7  7  
8  8  
9  9  
10  10 Best hospice care possible

BACK

NEXT

## Overall Rating of Hospice Care

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

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

BACK

NEXT

## About Your Family Member

**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

BACK

NEXT

## About Your Family Member

**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

BACK

NEXT

## About Your Family Member

**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

BACK

NEXT

*[PROGRAMMING SPECIFICATION:*

- 34 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

## About You

### 35. 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

BACK

NEXT

## About You

### 36. Are you male or female?

- 1 Male
- 2 Female

BACK

NEXT

## About You

### 37. What is the highest grade or level of school that you have 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

BACK

NEXT

## About You

### 38. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Chinese
- 4 Russian
- 5 Portuguese
- 6 Vietnamese
- 7 Polish
- 8 Korean
- 9 Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]

BACK

NEXT

## Thank You

Thank you for completing this survey.

Please click “Submit” to send us your answers.

**[SUBMIT]**

*Questions 1-38 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.*



## ***Sample Invitation Email for the CAHPS Hospice Survey***

SUBJECT: Survey about care from [HOSPICE NAME]  
FROM: Hospice Survey Staff <VENDOR EMAIL ADDRESS>

[OPTIONAL: HOSPICE OR VENDOR LOGO]

Dear [SAMPLED CAREGIVER NAME],

We realize this may be a hard time for you, and we're sorry for your recent loss. This is an important survey about the care patients get from [HOSPICE NAME]. You're getting this survey because you helped care for [DECEDENT NAME].

**Please take a few moments to tell us how [HOSPICE NAME] cared for your loved one.** Medicare uses your responses to this survey to improve hospice care and help others select a hospice.

We'd greatly appreciate your help with this survey. Please click here [EMBEDDED LINK] to take the survey.

Your answers may be shared with the hospice for purposes of quality improvement. Your participation in this survey is voluntary.

For questions about the survey, please call [VENDOR NAME] toll-free at [TOLL FREE PHONE NUMBER]. If you'd like to see how your responses will be used, hospice ratings are posted on Medicare's Care Compare website.

Again, we are very sorry for your loss.

Sincerely,  
[HOSPICE ADMINISTRATOR]  
[HOSPICE NAME]



## ***Sample Reminder Email for the CAHPS Hospice Survey***

SUBJECT: Reminder about survey about care from [HOSPICE NAME]  
FROM: Hospice Survey Staff <VENDOR EMAIL ADDRESS>

[OPTIONAL: HOSPICE OR VENDOR LOGO]

Dear [SAMPLED CAREGIVER NAME],

We realize this may be a hard time for you, and we're sorry for your recent loss. A few days ago, we sent you a survey asking for feedback about your experiences with [HOSPICE NAME]. We sent you the survey because you helped care for [DECEDENT NAME].

**This is a friendly reminder that we're very interested in hearing from you.** We hope you'll help us learn how [HOSPICE NAME] cared for your loved one.

Please click [here](#) [EMBEDDED LINK] to take the survey.

Your answers may be shared with the hospice for purposes of quality improvement. Your participation in this survey is voluntary.

For questions about the survey, please call [VENDOR NAME] toll-free at [TOLL FREE PHONE NUMBER]. Medicare uses your responses to this survey to improve hospice care and help others select a hospice. If you'd like to see how your responses will be used, hospice ratings are posted on Medicare's Care Compare website.

Thank you for taking the time to improve hospice care.

Again, we are very sorry for your loss.

Sincerely,  
[HOSPICE ADMINISTRATOR]  
[HOSPICE NAME]

