

Appendix M

Examples of Additional Supplemental Questions for Survey Vendor Use

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CAHPS Hospice Survey

Examples of Additional Supplemental Questions for Survey Vendor Use

S1. While your family member was in hospice care, how often did you have a hard time speaking with or understanding members of the hospice team because you spoke different languages?

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

S2. In thinking about your experiences with hospice, was there anything that went especially well or that you wish had gone differently for you and your family member? Please tell us about those experiences.

Special Medical Equipment¹

S3. Special medical equipment includes things like hospital beds, wheelchairs or oxygen. While your family member was in hospice care, did your family member need special medical equipment?

- ¹☐ Yes
²☐ No → If No, please go to Question S6

S4. Did your family member get the equipment as soon as he or she needed it?

- ¹☐ Yes
²☐ No

S5. Was the equipment picked up in a timely manner when your family member no longer needed it?

- ¹☐ Yes
²☐ No

¹ The items regarding special medical equipment were designed and tested to assess care within a home setting. Care should be taken when interpreting results from respondents whose family members did not receive care in a home setting. It is recommended that Question S3 be used as a screener for the subsequent Special Medical Equipment items.

Personal Care Needs²

S6. Personal care needs include bathing, dressing, eating meals, and changing bedding. While your family member was in hospice care, how often did your family member get as much help with personal care as he or she needed?

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

Hospice Care Received in a Hospital or Hospice Facility

S7. Some people receive hospice care while they are in a hospital or hospice facility. Did your family member receive care from this hospice while he or she was in a hospital or hospice facility?

- ¹☐ Yes
- ²☐ No ➔ If No, please go to S10

S8. While your family member was in hospice care, did you speak to a doctor as often as you needed?

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

S9. While your family member was in hospice care, was his or her room and bathroom kept clean?

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

² The item regarding personal care needs was designed and tested to assess care within nursing home or inpatient settings. Care should be taken when interpreting results from respondents whose family members received care only in a home setting.

Communication: Information

S10. While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?

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

Care for Symptoms: Pain

S11. While your family member was in hospice care, did he or she receive any pain medicine?

- ¹☐ Yes
- ²☐ No ➔ If No, please go to S15

S12. Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?

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

S13. Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?

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

S14. Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?

- ¹☐ Yes, definitely
- ²☐ Yes, somewhat
- ³☐ No
- ⁴☐ I did not need to give pain medicine to my family member

Care for Symptoms: Breathing

S15. Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?

- ¹☐ Yes, definitely
- ²☐ Yes, somewhat
- ³☐ No
- ⁴☐ I did not need to help my family member with trouble breathing

Care for Symptoms: Restlessness or Agitation

S16. While your family member was in hospice care, did he or she ever become restless or agitated?

- ¹☐ Yes
- ²☐ No → If No, please go to S18

S17. Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?

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

Moving Your Family Member

S18. Moving your family member includes things like helping him or her turn over in bed or get in and out of bed or a wheelchair. Did the hospice team give you the training you needed about how to safely move your family member?

- ¹☐ Yes, definitely
- ²☐ Yes, somewhat
- ³☐ No
- ⁴☐ I did not need to move my family member

Hospice Care Received in a Nursing Home

S19. Some people receive hospice care while they are living in a nursing home. Did your family member receive care from this hospice while he or she was living in a nursing home?

- ¹☐ Yes
- ²☐ No → If No, go to the End

S20. While your family member was in hospice care, how often did the nursing home staff and hospice team work well together to care for your family member?

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

S21. While your family member was in hospice care, how often was the information you were given about your family member by the nursing home staff different from the information you were given by the hospice team?

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

