

SHP is pleased to provide a complete side-by-side comparison of the CAHPS Hospice Survey that was included in the CAHPS Hospice QAG V11.0 published October 2024.

Items that have been **added**, **removed**, or that have **changed** between the two versions are indicated with color coding.

## Quality Measures

### Survey version valid through Q1 2025

2. Getting Timely Help
5. Help provided during evenings, weekends, or holidays
7. Requested help was provided when needed

1. Communication with Family
6. Family kept informed about when hospice team would arrive
8. Things were explained in a way that was easy to understand
9. Family kept informed about patient's condition
10. How often confusing or contradictory information given about care
14. Hospice team listen carefully about any problems with care
35. The hospice team listened carefully

3. Treating Patient with Respect
11. How often patient was treated with dignity and respect
12. You felt the hospice team really cared about the patient

5. Help for Pain and Symptoms
16. Appropriate amount of help with pain was provided
22. Help provided for trouble breathing
25. Help provided for trouble with constipation
27. Help provided for feelings of anxiety or sadness

4. Emotional and Spiritual Support
36. Support for your religious and spiritual beliefs provided
37. During hospice care, support for your emotional state provided
38. After hospice care, support for your emotional state provided

6. Training Family to Care for Patient
18. Pain medicine side effects were discussed
19. Training provided about pain medicine side effects
20. Training provided about if and when to give pain medicine
23. Training provided about how to help with trouble breathing
29. Training provided about patient restlessness or agitation

7. Rating of this Hospice
39. Number you would use to rate the hospice care

8. Willingness to Recommend this Hospice
40. You would recommend this hospice to friends and family

### Survey version valid beginning in Q2 2025

1. Getting Timely Care
5. Help provided during evenings, weekends, or holidays
7. Requested help was provided when needed

2. Hospice Team Communication
6. Family kept informed about when hospice team would arrive
8. Things were explained in a way that was easy to understand
9. Family kept informed about patient's condition
15. Hospice team listen carefully about any problems with care
25. The hospice team listened carefully

3. Treating Family Member with Respect
10. How often patient was treated with dignity and respect
11. You felt the hospice team really cared about the patient

4. Getting Help for Symptoms
17. Appropriate amount of help with pain was provided
19. Help provided for trouble breathing
21. Help provided for trouble with constipation
23. Help provided for feelings of anxiety or sadness

5. Getting Emotional and Spiritual Support
27. Support for your religious and spiritual beliefs provided
28. During hospice care, support for your emotional state provided
29. After hospice care, support for your emotional state provided


6. Getting Hospice Care Training
24. Hospice team taught how to care for family member

7. Care Preferences
12. Team respected your family member's wishes
13. Team listened to what mattered most to you/family member

8. Overall Rating
30. Number you would use to rate the hospice care

9. Willingness to Recommend
31. You would recommend this hospice to friends and family

Items that have been **added**, **removed**, or that have **changed** between the two versions are indicated with color coding.

 - Indicates a top box response.

## Questions & Responses

### Survey version valid through Q1 2025

#### Question/Response Details

##### The Hospice Patient

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

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

2. For this survey, the phrase "family member" refers to the person listed on the survey cover letter. In what locations did your family member receive care from this hospice? Please choose one or more.

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

#### Your Role

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

- 1 ☐ Never → Go to Question 41
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

### Survey version valid beginning in Q2 2025

#### Question/Response Details

##### The Hospice Patient

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

- 1 ☐ My spouse or partner
- 2 ☐ My parent
- 3 ☐ My mother-in-law or father-in-law
- 4 ☐ My grandparent
- 5 ☐ My aunt or uncle
- 6 ☐ My sister or brother
- 7 ☐ My child
- 8 ☐ My friend
- 9 ☐ 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.

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

#### 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 → Go to Question **32**
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

### Your Family Member's Hospice Care

As you answer the rest of the questions in this survey, please think only about your family member's experience with the hospice named on the survey cover.

4. For this survey, the hospice team includes all the nurses, doctors, social workers, chaplains and other people who provided hospice care to your family member. While your family member was in hospice care, did you need to contact the hospice team during evenings, weekends, or holidays for questions or help ~~with your family member's care?~~

- 1 ☐ Yes  
2 ☐ No → Go to Question 6

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

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

6. ~~While your family member was in hospice care,~~ how often did the hospice team keep you informed about when they would arrive to care for your family member?

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

7. ~~While your family member was in hospice care,~~ 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. ~~While your family member was in hospice care,~~ how often did the hospice team explain things in a way that was easy to understand?

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

### Your Family Member's Hospice Care

**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?

- 1 ☐ Yes  
2 ☐ No → Go to Question 6

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

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
☒ 4 ☐ 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. ~~While your family member was in hospice care,~~ how often did the hospice team keep you informed about your family member's condition?

- 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. 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



11. ~~While your family member was in hospice care,~~ how often did the hospice team treat your family member with dignity and respect?

- 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



12. ~~While your family member was in hospice care,~~ how often did you feel that the hospice team really cared about your family member?

- 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



13. ~~While your family member was in hospice care,~~ did you talk with the hospice team about any problems with your family member's hospice care?

- 1 ☐ Yes
- 2 ☐ No → Go to Question 15

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

- 1 ☐ Yes
- 2 ☐ No → Go to Question 16

14. 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



15. While your family member was in hospice care, did he or she have any pain?

- 1 ☐ Yes
- 2 ☐ No → Go to Question 17

16. Did your family member get as much help with pain as he or she needed?

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



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

- 1 ☐ Yes
- 2 ☐ No → Go to Question 21

18. 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



19. 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



20. 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
- ☐ I did not need to give pain medicine to my family member



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

- 1 ☐ Yes
- 2 ☐ No → Go to Question 24

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?

- 1 ☐ Yes
- 2 ☐ No → Go to Question 18

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

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



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

- 1 ☐ Yes
- 2 ☐ No → Go to Question 20

22. How often did your family member get the help he or she needed for trouble breathing?

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



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

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



23. 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
- ☐ I did not need to help my family member with trouble breathing



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

- 1 ☐ Yes
- 2 ☐ No → Go to Question 26

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

- 1 ☐ Yes
- 2 ☐ No → Go to Question 22

25. How often did your family member get the help he or she needed for trouble with constipation?

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



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

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



26. While your family member was in hospice care, did he or she show any feelings of anxiety or sadness?

- 1 ☐ Yes
- 2 ☐ No → Go to Question 28

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

- 1 ☐ Yes
- 2 ☐ No → Go to Question 24

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

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



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



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

- 1 ☐ Yes
- 2 ☐ No → Go to Question 30

29. 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



### 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

30. 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 family member

### Your Own Experience with Hospice

35. 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

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

### Your Family Member's Hospice Care

31. 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

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

### Hospice Care Received in a Nursing Home

32. 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 → Go to Question 35

33. 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

34. 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

### Your Own Experience with Hospice

36. Support for religious or spiritual beliefs includes talking, praying, quiet time, ~~or other ways of meeting your religious or spiritual needs~~. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?

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

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

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

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

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

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

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

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

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

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



### Overall Rating of Hospice Care

39. Please answer the following questions about ~~your~~  
~~family member's care from~~ 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?

- 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

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

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

### About Your Family Member

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

- 1 ☐ 8th 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
- ☐ Don't know

42. 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

### Overall Rating of Hospice Care

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?

- 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

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

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

### About Your Family Member

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

- 1 ☐ 8th 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

43. 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

#### About You

44. 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

45. Are you male or female?

- 1 ☐ Male
- 2 ☐ Female

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

- 1 ☐ 8th 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

47. 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 print):  
\_\_\_\_\_

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

#### 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

36. Are you male or female?

- 1 ☐ Male
- 2 ☐ Female

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

- 1 ☐ 8th 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

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 print):  
\_\_\_\_\_