

# Hospice questionnaire



If the answer is YES to any of the following questions, education regarding hospice care and/or evaluation for hospice services may be needed. We are here 24/7/365.

1.	Does the individual have a life-limiting illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does the individual have declining functional status (i.e. require assistance with 3 or more Activities of Daily Living (ADLs)? OR Is the individual increasingly unable to perform the Activities of Daily Living (ADLs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has the individual experienced > 10% loss of body weight over last 4-6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has the individual had 3 or more ER/hospitalizations in the last 4-6 months? OR Has the individual had increased ER visits/hospitalizations in the last 4-6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Has the individual had a decrease in tolerance to physical activity in the last 4-6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Has the individual experienced a decrease in cognitive ability in the last 4-6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Has the individual experienced increased/untreatable infections in the last 4-6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Does the individual have co-morbid conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Has the individual experienced an onset or increase in symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Has this individual begun to fall or experienced multiple falls in the last 4-6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Does this individual require frequent physician office visits or phone calls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Does the individual vocalize desiring comfort and quality of life rather than treatment? OR Has the individual decided to stop testing, hospitalizations and treatments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

These questions are intended as an educational tool and are not a replacement for a physician's professional judgment. Please contact us for more information.



### For more information:

655 Brawley School Road, Suite 200 Mooresville, NC 28117  
(704) 664.2876 tel • • NC TDD/TTY# 800-735-8262  
[gentivahs.com](http://gentivahs.com)