

Informal Hospice Eligibility Questionnaire

The following brief questionnaire can help determine whether hospice care is right for you or your loved one.

Please check the statements as they apply to you or your loved one.

- I have started feeling more tired and weak
- I experience shortness of breath, even when resting
- I spend most of the day in bed or in a chair
- I have noticed an increased weight loss in the past six months
- I make frequent phone calls to my physician
- I take medication to lessen physical pain
- I have fallen several times in the past six months
- I have made frequent trips to the emergency room in the past six months
- I need help from others with important daily activities (bathing, dressing, eating, walking, getting out of bed)
- My doctor has told me my life expectancy is limited

If you have checked four (4) or more items on the questionnaire, you may want to begin research into hospice care by seeking the opinion and advice of your loved one's primary physician.