

**Appendix B**  
**Sample Follow-up Cover Letter for the CAHPS Hospice Survey**

[HOSPICE OR VENDOR LETTERHEAD]  
[HOSPICE OR VENDOR LETTERHEAD]  
[SAMPLED CAREGIVER NAME]  
[ADDRESS]  
[CITY, STATE ZIP]

Dear [SAMPLED CAREGIVER NAME]:

Our records show that you were recently a caregiver for [DECEDENT NAME] at [NAME OF HOSPICE]. Approximately three weeks ago, we sent you a survey regarding the care you and your family member or friend received from this hospice. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not done so already, we would greatly appreciate it if you would take the time to complete this important questionnaire. We hope that you will take this opportunity to help us learn about the quality of care your family member or friend received. The results from this survey will be used to help ensure that all Americans get the highest quality hospice care.

Questions [NOTE THE QUESTION NUMBERS] in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services (HHS) to measure the quality of care in hospices. Your participation is voluntary and will not affect any health care or benefits you receive.

Please take a few minutes and complete the enclosed survey. After you have completed the survey, please return it in the pre-paid envelope. Your answers will be combined with other respondents and may be shared with the hospice for purposes of quality improvement. [OPTIONAL: You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.]

If you have any questions about the enclosed survey, please call the toll-free number 1-800-xxx-xxxx. Thank you for helping to improve hospice care for all consumers.

Sincerely,

[HOSPICE ADMINISTRATOR]  
[HOSPICE NAME]