LEGACY HOSPICE

Hospice Questionnaire

If you answer YES to any of the following questions, hospice education or an evaluation may be helpful. Legacy Hospice is here to support you.

	Y	N
Does the individual have a life limiting illness?		
Is the individual experiencing a decline in functional status, such as needing assistance with two or more Activities of Daily Living (ADLs), or becoming increasingly unable to perform ADLs independently?		
Has the individual experienced > 10% loss of body weight over the last 4-6 months?		
Has the individual had 3 or more ER/Hospitalizations in the last 4-6 months? OR Has the individual had increased ER visits/Hospitalization in the last 4-6 months?		
Has the individual had a decrease in tolerance to physical activity in the last 4-6 months?		
Has the individual experienced a decrease in cognitive ability in the last 4-6 months?		
Has the individual experienced increased/untreatable infections in the last 4-6 months?		
Does the individual have comorbid conditions?		
Has the individual experienced an onset or increase in symptoms?		
Has the individual begun to fall or experienced multiple falls in the past 4-6 months?		
Does the individual require frequent physician office visits or phone calls?		
Does the individual vocalize desiring comfort and quality of life rather than treatment? OR Has the individual decided to stop testing, hospitalizations and treatments?		

These questions are intended as an educational tool and not a replacement for a physician's professional judgment. Contact your local Legacy Hospice Consultant for more information.

Find Care Near You

legacyhospice.net

Contact Our Care Team 24/7
844-222-2296