

Serious Illness Survey for Home-Based Programs

Survey Letters

The Serious Illness Survey for Home-Based Programs assesses the experiences of patients who receive care from programs that provide serious illness care in patients' homes. Access the complete set of survey resources, including guidance on administration, sampling, and analysis, at www.rand.org/Serious-Illness-Survey. For more information, contact seriousillness@rand.org.

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For more information on this publication, visit www.rand.org/t/TLA1547-1.

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1. Prenotification Letter

[PROGRAM LETTERHEAD]

[PATIENT NAME]

[PATIENT ADDRESS]

[PATIENT CITY, STATE ZIP]

Dear [PATIENT NAME],

In a few days, you will receive a survey about your care from [PROGRAM NAME] in the mail. **We hope you'll share your feedback and complete the survey when it arrives.**

The survey will ask about the care you get from [PROGRAM NAME]. People from this program may visit you at home or talk to you by phone or video. They may take your blood pressure, review your medicines, or talk with you about your symptoms.

You can ask a family member or friend for help with this survey or ask them to complete the survey for you. Filling out the survey is up to you. Your choice will not affect any of the services you get from [PROGRAM NAME].

We hope that you will take the time to fill out the survey. Your answers will be shared with [PROGRAM NAME] to help them learn how they can improve care for people like you.

If you have any questions about this survey, please call us toll-free at XXX-XXX-XXXX.

Sincerely,

[PROGRAM ADMINISTRATOR OR OTHER LEADER NAME]

[TITLE]

[PROGRAM NAME]

2. Cover Letter For 1st Survey Mailing

[PROGRAM LETTERHEAD]

[PATIENT NAME]

[PATIENT ADDRESS]

[PATIENT CITY, STATE ZIP]

Dear [PATIENT NAME],

[PROGRAM NAME] is conducting a survey about the care they provide to patients. People from this program may visit you in your home or talk to you by phone or video. They may take your blood pressure, review your medicines, or talk with you about your symptoms.

This survey takes about 10 minutes [ABRIDGED SURVEY: 5 minutes] to complete. ***You can ask a family member or friend for help with this survey or ask them to complete the survey for you.***

It is your choice to answer this survey, and your choice will not affect any of the services you get from [PROGRAM NAME]. Your answers will be shared with [PROGRAM NAME] to help them learn how they can improve care for people like you.

We hope that you will take the time to fill out this survey. After you finish it, please return it in the prepaid envelope. If you have any questions, please call our toll-free number at XXX-XXX-XXXX.

Thank you very much for your help with this important survey.

Sincerely,

[PROGRAM ADMINISTRATOR OR OTHER LEADER NAME]

[TITLE]

[PROGRAM NAME]

3. Follow Up Letter For 2nd Survey Mailing (Used in Mail-Only Mode of Administration)

[PROGRAM LETTERHEAD]

[PATIENT NAME]

[PATIENT ADDRESS]

[PATIENT CITY, STATE ZIP]

Dear [PATIENT NAME],

About three weeks ago, we sent you a survey. It asks about the care you receive from [PROGRAM NAME]. If you already mailed the survey to us, thank you so much for your participation. If you have not done it yet, we would be grateful if you would take time to do it.

We hope that you will help us learn about the care you get from [PROGRAM NAME]. People from this program may visit you in your home or talk to you by phone or video. They may take your blood pressure, review your medicines, or talk with you about your symptoms.

This survey takes about 10 minutes [ABRIDGED SURVEY: 5 minutes] to complete. **You can ask a family member or friend for help with this survey or ask them to complete the survey for you.**

It is your choice to answer this survey, and your choice will not affect any of the services you get from [PROGRAM NAME]. Your answers will be shared with [PROGRAM NAME] to help them learn how they can improve care for people like you.

We hope that you will take the time to fill out this survey. After you finish it, please return it in the prepaid envelope. If you have any questions, please call our toll-free number at XXX-XXX-XXXX.

Thank you very much for your help with this important survey.

Sincerely,

[PROGRAM ADMINISTRATOR OR OTHER LEADER NAME]

[TITLE]

[PROGRAM NAME]