



Hospice Questionnaire

If you or someone you love is facing a serious, life-limiting illness for the first time and YOU don't know where to turn, hospice may help. Please complete this simple online questionnaire to learn whether hospice could be right for you or a loved one.

Have you noticed any of the following?

- An unexplained weight loss over 3-6 months?
- Shortness of breath with minimal exertion?
- Recurrent chest pain that is not responsive to medical management?
- Inability to take care of daily needs such as toileting, walking without risk of a fall, feeding self, or dressing?
- Loss of memory and/or inability to communicate consistently more than 6 intelligible words?
- Been told by a physician that life expectancy is less than 6 months?
- Had to move to a facility that cares for the elderly or infirmed?
- Multiple recent hospitalizations?
- No longer wanting to continue dialysis?
- Cancer that is not responding to treatment?
- Liver disease such that fluid builds up the abdomen?

If you answered yes to more than one of these questions, you may qualify for hospice.

American Home Hospice
216 W. Moore Avenue
Terrell, Texas 75160
972-524-3800



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