

COVER LETTER TEMPLATE

(Date) _____

Dear Family Member;

This letter comes to you with heartfelt sympathy for your recent loss. It is our sincere hope that your loved one received the compassionate quality care each of us would want. We want to make sure that we are providing the best possible care and we need your help. You can help us learn how to do an even better job of caring for those at the end of life by taking time to answer the questions on the attached questionnaire about you and your loved ones experiences. The questionnaire asks you to rate you and your loved one's health and symptom experience, and experience with health care during the **last 2 weeks** of your love one's life. There is also a form that asks a few specific questions about you. The forms take about 10-15 minutes to complete. Please complete and return them within a week of receiving them.

By completing the questionnaire you agree to participate as a non-paid volunteer. Though you may not benefit directly, your participation will directly improve the quality of end-of-life care for many others. Your name and information will be kept strictly confidential. Information you provide will be combined with information other family members provide and may be used in written reports or presentations.

You may also wish to talk with us about the care your loved one received. Please call _____ at _____ to share information that you think will be helpful as we continually seek to provide even better and more compassionate care.

If you have questions about this questionnaire, you may call _____ Health System or _____ health service. The contact person is:

(Name and title)

(address)

(phone number)

(e-mail address)

Thank you in advance for completing the questionnaires.

Sincerely