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VA Form 10-21083b(NR)

**SURVEY OF HEALTHCARE  
EXPERIENCES OF PATIENTS  
RECENTLY DISCHARGED INPATIENT 2004**

In order for the VA to carry out its mission to provide the best possible medical care and services to all veterans, it is extremely important that you complete and return this questionnaire. Your answers help ensure that all veterans receive the highest quality care they have earned and so richly deserve.

We want to remind you that all information is strictly confidential. It will not be shared with your doctor or affect your VA care.

Please read each question and fill in the circle that best describes your experience. Use blue or black ink pen, or pencil. Please be sure to read all pages of this booklet.

**The Paperwork Reduction Act of 1995**

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Surveys of healthcare experiences are used to gauge customer perceptions of VA services as well as gather information on patient's functional status and health behaviors. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**Please answer all survey questions about your hospitalization at:**

**Alpha Hospital, ending on March 3, 2003.**



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Please answer the questions in this survey about this stay at Alpha Hospital on March 3, 2003. Do not include any other hospital stay in your answers.

**YOUR CARE FROM NURSES**

1. **During this hospital stay, how often did nurses treat you with courtesy and respect?**
  - Never
  - Sometimes
  - Usually
  - Always
  
2. **During this hospital stay, how often did nurses listen carefully to you?**
  - Never
  - Sometimes
  - Usually
  - Always
  
3. **During this hospital stay, how often did nurses explain things in a way you could understand?**
  - Never
  - Sometimes
  - Usually
  - Always
  
4. **During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?**
  - Never
  - Sometimes
  - Usually
  - Always
  - I never pressed the call button

5. **Using any number from 0 to 10 where 0 is the worst possible care and 10 is the best possible care, what number would you give the care you got from all the nurses who treated you?**
  - 0 Worst possible nursing care
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10 Best possible nursing care

**YOUR CARE FROM DOCTORS**

6. **During this hospital stay, how often did doctors treat you with courtesy and respect?**
  - Never
  - Sometimes
  - Usually
  - Always
  
7. **During this hospital stay, how often did doctors listen carefully to you?**
  - Never
  - Sometimes
  - Usually
  - Always
  
8. **During this hospital stay, how often did doctors explain things in a way you could understand?**
  - Never
  - Sometimes
  - Usually
  - Always



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9. Using any number from 0 to 10 where 0 is the worst possible care and 10 is the best possible care, what number would you give the care you got from all the doctors who treated you?

- 0 Worst possible doctor care
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best possible doctor care

### THE HOSPITAL ENVIRONMENT

10. During this hospital stay, how often were your room and bathroom kept clean?

- Never
- Sometimes
- Usually
- Always

11. During this hospital stay, how often was the area around your room quiet at night?

- Never
- Sometimes
- Usually
- Always

### YOUR EXPERIENCES IN THIS HOSPITAL

12. During this hospital stay, did you need help from doctors, nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
- No → Go to Question 14

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

14. During this hospital stay, did you need medicine for pain?

- Yes
- No → Go to Question 17

15. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

16. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- Never
- Sometimes
- Usually
- Always



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17. During your hospital stay, did doctors, nurses, or other hospital staff ever ask if you were allergic to any medicine?

- Yes
- No

18. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → Go to Question 20

19. Before giving you the medicine, did hospital staff describe possible side effects in a way you could understand?

- Yes
- No

#### WHEN YOU LEFT THE HOSPITAL

20. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

- Own home
- Someone else's home
- Another health facility → Go to Question 23

21. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- Yes
- No

22. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
- No

#### OVERALL RATING OF HOSPITAL

Please answer the following questions about the stay at Alpha Hospital on March 3, 2003. Do not include any other hospital stays in your answer.

23. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

- 0 Worst possible hospital
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best possible hospital

24. Would you recommend this hospital to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

#### MORE QUESTIONS ABOUT YOUR STAY AT THE HOSPITAL

By answering the next set of questions, you will give us more detailed information about how we can improve the care and treatment we provide. Again, please think only of your visit to Alpha Hospital on March 3, 2003.

25. Was your hospital stay an emergency or planned in advance?

- Emergency
- Planned in advance → Go to Question 28



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26. How organized was the care you received in the emergency room?

- Not at all organized
- Somewhat organized
- Very organized
- Didn't use emergency room

27. While you were in the emergency room, did you get enough information about your medical condition and treatment?

- Yes, definitely
- Yes, somewhat
- No
- Didn't want information
- Didn't use emergency room

28. How organized was the admission process?

- Not at all organized
- Somewhat organized
- Very organized

29. If you had to wait to go to your room, did someone from the hospital explain the reason for the delay?

- Yes
- No
- Didn't have to wait

HOSPITAL STAFF

30. Was there one particular doctor in charge of your care in the hospital?

- Yes
- No
- Not sure

31. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?

- Yes, completely
- Yes, somewhat
- No
- Didn't have anxieties or fears

32. Did you have confidence and trust in the doctors treating you?

- Yes, always
- Yes, sometimes
- No

33. Did doctors talk in front of you as if you weren't there?

- Yes, often
- Yes, sometimes
- No

34. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?

- Yes, completely
- Yes, somewhat
- No
- Didn't have anxieties or fears

35. Did you have confidence and trust in the nurses treating you?

- Yes, always
- Yes, sometimes
- No

36. Did nurses check your identification band before giving you any medications, treatments, or tests?

- Yes, always
- Yes, sometimes
- No

37. During your stay, did nurses inform you about what medicines you were being given and why?

- Yes, completely
- Yes, somewhat
- No
- Didn't receive medicine



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38. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you?

- Yes, always     Yes, sometimes     No

39. Did you have enough say about your treatment?

- Yes, definitely     Yes, somewhat     No

40. Did your family or someone else close to you have enough opportunity to talk to your doctor?

- Yes, definitely  
 Yes, somewhat  
 No  
 No family or friends were involved  
 Family didn't want or need to talk

41. How much information about your condition or treatment was given to your family or someone close to you?

- Not enough  
 Right amount  
 Too much  
 No family or friends involved  
 Family didn't want or need information

42. Was it easy for you to find someone on the hospital staff to talk to about your concerns?

- Yes, definitely  
 Yes, somewhat  
 No  
 Didn't want to talk/no concerns

43. Were your scheduled tests and procedures performed on time?

- Yes, always  
 Yes, sometimes  
 No  
 No tests/procedures

44. Did family members or someone close to you ever have to do something or say something to staff to be sure that your medical needs were met?

- Yes, always  
 Yes, sometimes  
 No  
 Don't know  
 Didn't have family members or others close to me present

#### SURGERY

45. Did the surgeon explain the risks and benefits of the surgery in a way you could understand?

- Yes, completely  
 Yes, somewhat  
 No  
 Explained to spouse or someone else  
 I didn't want anything explained

46. Did the surgeon or any of your other doctors answer your questions about the surgery in a way you could understand?

- Yes, completely  
 Yes, somewhat  
 No  
 I didn't have any questions

47. Did a doctor or nurse tell you accurately how you would feel after surgery?

- Yes, completely  
 Yes, somewhat  
 No



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48. Were the results of the surgery explained in a way you could understand?

- Yes, completely
- Yes, somewhat
- No
- Explained to spouse or someone else

### GOING HOME

49. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?

- Yes, completely
- Yes, somewhat
- No
- Didn't need explanation
- No medicines at home

50. Did they tell you what danger signals about your illness or operation to watch for after you went home?

- Yes, completely
- Yes, somewhat
- No

51. Did they tell you when you could resume your usual activities, such as when to go back to work or drive a car?

- Yes, completely
- Yes, somewhat
- No

52. Did the doctors and nurses give your family or someone close to you all the information they needed to help you recover?

- Yes, definitely
- Yes, somewhat
- No
- No family or friends involved
- Family didn't want or need information

### ABOUT YOU

There are only a few remaining items left.

53. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

54. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

55. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

56. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino



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57. What is your race? Please choose one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Indian or Alaskan Native
- Other (please print): \_\_\_\_\_

58. What language do you mainly speak at home?

- English
- Spanish
- Some other language (please print): \_\_\_\_\_

59. Did someone help you complete this survey?

- Yes → Go to Question 60
- No → Go to Question 61

60. How did that person help you? Check all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

61. If you could change one thing about the hospital, what would it be? (please print your answer on the lines provided below.)

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If you have a specific question or need help with your VA care, you may contact the VA:

1. By telephone:
  - a. VA Benefits: 1-800-827-1000
  - b. Health Care Benefits: 1-877-222-8387
  - c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of veterans' benefits is available on our home page at [www.va.gov](http://www.va.gov).
3. At your local VA medical center. Either contact the department that you think can help you or ask for the Patient Advocate.

Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

OQP/Performance Analysis Center for Excellence  
C/O National Research Corporation  
P.O. Box 82660  
Lincoln, NE 68501-2660

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