



OMB Number 2900-New
Est. Burden: 15 minutes
VA Form 10-21083a(NR)

**SURVEY OF HEALTHCARE
EXPERIENCES OF PATIENTS
RECENTLY DISCHARGED INPATIENT 2007**

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 15 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 VAMC ending on March 3, 2007.**



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Please answer the questions in this survey about this stay at Alpha VAMC on March 3, 2007. 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
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



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YOUR EXPERIENCES IN THIS HOSPITAL

12. During this hospital stay, did you need help from 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
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 this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
 Yes
 No

22. During this 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, 2005. 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 during your stay?
 0 Worst hospital possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best hospital possible
24. Would you recommend this hospital to your friends and family?
 Definitely no
 Probably no
 Probably yes
 Definitely yes

ABOUT YOU

There are only a few remaining items left.

25. In general, how would you rate your overall health?
 Excellent
 Very Good
 Good
 Fair
 Poor
26. In general, how would you rate your overall mental or emotional health?
 Excellent
 Very Good
 Good
 Fair
 Poor



27. 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

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

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

29. 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): _____

30. What language do you mainly speak at home?

- English
- Spanish
- Some other language (please print): _____

31. Did someone help you complete this survey?

- Yes → Go to Question 32
- No → Go to Question 33

32. 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

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

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.
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:

**Office of Quality and Performance Data Center
C/O National Research Corporation
P.O. Box 82660
Lincoln, NE 68501-2660**

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