



DEPARTMENT OF HEALTH & HUMAN SERVICES
National Institutes of Health

OMB Number: 0925-0458
 Expiration Date: 06/30/2007

Please use the enclosed envelope and mail the completed survey to:
NRC+Picker
 Survey Processing Center
 PO BOX 82660
 Lincoln, NE 68501-2660
 1-800-733-6714

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0458). Do not return the completed form to this address.

We are asking about your perceptions about our hospital's physical space including the design, architecture, layout, forms, surfaces, furnishings, artwork, and outdoor spaces.

Please fill in the bubble that best describes you and your child's experiences with the hospital environment during your child's most recent Clinical Center stay.

Only the parent or guardian of the patient who was in the hospital should fill out this questionnaire. As you answer, please think ONLY about your child's hospital stay on March 3, 2005.

These questions ask about getting to the hospital, parking, and finding the hospital entrance.

1. **For your child's most recent stay, how did you and your child get to the hospital?**24226
 1 I drove us myself 3 We took public transportation 5 We took a taxi cab
 2 Family member or friend drove us 4 We were brought by ambulance
2. **Were there signs directing you to the parking garage or drop off area?**24227
 1 Yes 2 No (Go to #4) 3 Don't know (Go to #4)
3. **Were these signs helpful?**24228
 1 Not at all 2 Somewhat 3 For the most part 4 Definitely
4. **Did you park a car in the hospital's garage?**24229
 1 Yes 2 No
5. **Were there enough parking spaces at the hospital?**24230
 1 Yes 2 No
6. **Did you need a handicapped-accessible parking space?**24231
 1 Yes 2 No (Go to #8)
7. **Were there enough handicapped-accessible parking spaces near the hospital entrance?**24232
 1 Yes 2 No
8. **Were there signs directing you to the entrance of the hospital?**24233
 1 Yes 2 No (Go to #10) 3 Don't know (Go to #10)
9. **Were these signs helpful?**24234
 1 Not at all 2 Somewhat 3 For the most part 4 Definitely



001MMD1G

0075973



10. Was there a place near the hospital entrance for you to wait for someone who dropped you and your child off or was picking you up?24235

- 1 Yes 2 No 3 Don't know

These questions ask about registration and finding your way around inside the hospital.

11. Did you enter the hospital through the parking garage or through the main lobby entrance?24236

- 1 Main Lobby 2 Parking Garage 3 Neither 4 Don't remember

12. Once you entered the hospital, was it easy to find someone to provide you with information or directions?24237

- 1 Not at all 2 Somewhat 3 For the most part 4 Definitely

13. When your child first came to the Clinical Center, did the building make your child feel comfortable?24238

- 1 Not at all 2 Somewhat 3 For the most part 4 Definitely

14. Were the people at the information desks helpful?24239

- 1 Doesn't apply 2 Not at all 3 Somewhat 4 For the most part 5 Definitely

15. Were the people at the information desks courteous?24240

- 1 Doesn't apply 2 Not at all 3 Somewhat 4 For the most part 5 Definitely

16. Once you entered the hospital, was it easy to find the admissions area?24241

- 1 Not at all 2 Somewhat 3 For the most part 4 Definitely

17. Was there a place in the admissions area to talk privately with staff?24242

- 1 Yes 2 No 3 Did not talk with the admissions staff

18. If you used signs, maps, or directions that showed you where to find departments or areas, did you find them helpful?24243

- 1 Didn't use 2 Not at all 3 Somewhat 4 For the most part 5 Definitely

19. Were there colorful or interesting signs and pictures in the children's units?24244

- 1 Not at all 2 Somewhat 3 For the most part 4 Definitely

The following questions are about your child's hospital room.

20. Was the artwork in your child's room pleasant to look at?24245

- 1 My child's room didn't have artwork 2 Not at all 3 Somewhat 4 For the most part 5 Definitely

21. Did your child want to put things in his or her room to make it more home-like such as pictures or toys?24246

- 1 Yes 2 No (Go to #23) 3 My child was too young (Go to #23) 4 Not permitted to have personal items like that in room (Go to #23)

22. Was there enough space, such as shelves and counters, on which to place items to make your child's room more home-like?24247

- 1 Not at all 2 Somewhat 3 For the most part 4 Definitely

23. Did you and your child have enough space for clothes and other personal belongings?24248

- 1 Not at all 2 Somewhat 3 For the most part 4 Definitely

24. Did your child bring any valuable belongings with him or her to the hospital?24249

- 1 Yes 2 No (Go to #26)

25. While your child was in the hospital, did you think your child's valuable belongings were safe?24250

- 1 Not at all 2 Somewhat 3 For the most part 4 Definitely

26. How often was the temperature of your child's room just right?24251

- 1 Never 2 Sometimes 3 Usually 4 Always



001MMD2H

0075973



27. Was it easy for you or your child to control the room temperature?24252
 1 Never 2 Sometimes 3 Usually 4 Always
28. Was it easy for you or your child to control the room's lighting?24253
 1 Never 2 Sometimes 3 Usually 4 Always
29. Did your child have a roommate?24254
 1 Yes 2 No (Go to #31)
30. If your child had a roommate, how often did he or she hear noise from the other patient in the room?24255
 1 Never 2 Sometimes 3 Usually 4 Always
31. How often did you or your child hear noise from the unit outside of his or her room?24256
 1 Never (Go to #33) 2 Sometimes 3 Usually 4 Always
32. If your child heard noise outside his or her room did this noise affect his or her ability to rest/sleep?24257
 1 Never 2 Sometimes 3 Usually 4 Always
33. How often was your child's room kept as clean as it should have been?24258
 1 Never 2 Sometimes 3 Usually 4 Always
34. Did your child have a telephone in his or her room?24259
 1 Yes 2 No (Go to #36)
35. Was it easy for your child to reach the telephone from his or her bed?24261
~~89~~ My child did not use the telephone in his or her room 1 Never 2 Sometimes 3 Usually 4 Always
36. Was it easy for your child to use the call button?24262
~~89~~ Didn't use the call button 1 Never 2 Sometimes 3 Usually 4 Always
37. Was there enough space in your child's room for hospital staff to get around?24263
 1 Never 2 Sometimes 3 Usually 4 Always
38. During your child's hospital stay, did he or she get out of bed?24264
 1 Yes 2 No (Go to #42)
39. Were there things such as heavy doors, narrow doorways, or slippery floors that made it hard for your child to get into the bathroom?24265
 1 Never 2 Sometimes 3 Usually 4 Always
40. Were there enough features available, such as handrails, so that your child felt safe and secure when he or she was out of bed?24266
 1 Never 2 Sometimes 3 Usually 4 Always
41. Was the shower in your child's room convenient to use?24267
~~89~~ Didn't have a shower 1 Not at all 2 Somewhat 3 For the most part 4 Definitely
42. Did your child have a window in his or her room?24269
 1 Yes 2 No (Go to #47)
43. Did your child want to adjust the window blinds/curtains in his or her room?24270
 1 Yes 2 No (Go to #45) 3 My child was too young to adjust the window blinds/curtains (Go to #45)
44. Was it easy for your child to adjust the window blinds/curtains in his or her room?24271
 1 Never 2 Sometimes 3 Usually 4 Always
45. Was the window located so that your child could see the outdoors while lying in bed?24272
 1 Yes 2 No



001MMD3I

0075973



46. Did your child have a pleasant view of the outdoors from the window in his or her room?24273

- Yes No

47. Was your child able to access the Internet and email from his or her hospital room?24274

- Yes No (Go to #49) Don't know (Go to #49) Doesn't apply (Go to #49)

48. Was it easy for your child to access the Internet or email from his or her room?24275

- Never Sometimes Usually Always

49. Overall, how would you rate the comfort of your child's hospital room on a scale from 0 to 10, where 0 is "the worst" and 10 is "the best"?24276

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 Worst | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 Best |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next few questions ask about you and your child's privacy.

50. Do you feel your child had enough privacy in his or her room?24277

- Not at all Somewhat For the most part Definitely

51. Were there places on your child's unit for him or her to go to be alone?24278

- Yes Don't know My child was too young to go anywhere on his or her own
 No My child was too sick to go anywhere

52. Were there private areas where you could talk with staff about things such as your child's illness and treatment?24279

- Never Sometimes Usually Always

Now we would like to find out about your child's experience in getting around outside of his or her room.

53. During your child's hospital stay, did he or she go outside of his or her room?24280

- Yes No (Go to #62)

54. Were the hallways clear of things such as furniture, beds or carts?24281

- Never Sometimes Usually Always

55. Were there bumps or grooves in the floor that made it hard for your child to move about?24282

- Never Sometimes Usually Always

56. Were there features available, such as handrails or support, so that your child felt safe and secure when he or she was walking outside his or her room?24283

- Never Sometimes Usually Always

57. Were there enough places close by but away from your child's unit where he or she could sit and relax with his or her family or by himself or herself?24284

- Don't know Not at all Somewhat For the most part Definitely

58. Were there enough benches or chairs available for your child to rest in hallways while he or she was moving about the hospital?24285

- Don't know Never Sometimes Usually Always

59. Was there a comfortable place for your child to go that was right for his or her age?24286

- Never Sometimes Usually Always

60. Was there furniture available for your child that was right for his or her age?24287

- Never Sometimes Usually Always

61. Were there things for your child to do (games, toys) that were right for his or her age?24288

- Never Sometimes Usually Always



001MMD4J

0075973



62. Were there public telephones on your child's unit?24289

- Yes No Don't know

63. Was your child able to go outside the hospital during his or her stay?24290

- Yes No (Go to #65)

64. If yes, were there pleasant green spaces near (just outside) the hospital where your child could sit and relax?24291

- Not at all Somewhat For the most part Definitely

The following questions are about places for visitors.

65. While your child was in the hospital, did he or she have visitors?24292

- Yes No (Go to #81)

66. Were public restrooms available to your child's visitors?24293

- Yes No Don't know

67. Was your child's room large enough for his or her visitors?24294

- Never Sometimes Usually Always

68. Was there enough space in the visiting/waiting area for your child's visitors to be comfortable?24295

- No visiting/waiting area (Go to #71) Never Sometimes Usually Always

69. Was there entertainment such as music, reading materials, TV, or artwork, in the visiting/waiting area?24296

- Don't know Not at all Somewhat For the most part Definitely

70. Was there enough privacy for your child's family or visitors in the visiting/waiting area?24297

- Don't know Not at all Somewhat For the most part Definitely

71. Was there a separate place for children to play while visiting/waiting?24298

- Yes No Don't know

72. Did any of your child's family members or friends stay overnight?24299

- Yes No (Go to #74)

73. Were the sleeping areas for your child's family members or friends comfortable?24300

- Don't know Not at all Somewhat For the most part Definitely

74. Did you feel comfortable staying with your child during his or her stay?24301

- Never Sometimes Usually Always

75. If you stayed with your child during his or her stay, did you have enough privacy to attend to your personal needs?24302

- Never Sometimes Usually Always

76. Did you feel comfortable leaving your child while you slept or attended to personal needs?24303

- Never Sometimes Usually Always

77. Were the restrooms set up in a manner that would allow you to meet your and your family's personal needs?24304

- Not at all Somewhat For the most part Definitely

78. Was there a place where family members could relax with each other?24305

- Never Sometimes Usually Always

79. In general, did you and your child find the children's areas of the hospital to be child and family-friendly?24306

- Never Sometimes Usually Always



001MMD5K

0075973



80. Overall, how would you rate the accommodations for your child's family and visitors on a scale from 0 to 10, where 0 is "the worst" and 10 is "the best"?24307

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

We are interested in finding out whether people who used equipment during their hospital stay had enough space to get around.

81. While your child was in the hospital, did he or she use any of the following equipment to get around? (Mark all that apply)24308

1 Wheelchair 2 Walker 3 Crutches 4 IV pole 5 Other 89 Didn't use any equipment (Go to #85)

82. Was there enough space in the bathroom(s) to use equipment?24309

1 Yes 2 No

83. Was there enough space in the elevators to use equipment?24310

1 Yes 2 No

84. Was there enough space in your child's room to move around with equipment?24311

1 Yes 2 No

These questions ask about your general opinions of the hospital environment.

How would you rate the importance of each of the following?

	Not At All Important	Somewhat Important	Important	Very Important
85. Having a private room24312	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
86. Controlling the room temperature24313	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
87. Controlling the indoor room lighting24314	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
88. Having music (e.g., radio, tape player, CD player)24315	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
89. Having a television and/or VCR24316	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
90. Having a private shower24317	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
91. Being able to find your way around24318	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
92. Having email and Internet access24319	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
93. Access to areas in the hospital to sit or to walk around24320	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
94. Access to outside green areas to sit or walk24321	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
95. How would you rate the quality of the food service in the Clinical Center?1382	Poor	Fair	Good	Excellent
a. Courtesy of the person who took your child's food order24322	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
b. Variety of menu items24323	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
c. Received food in a timely manner (within 45 min. of order)24324	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
d. Temperature of the food24325	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4



001MMD6L

0075973



95. How would you rate the quality of the food service in the Clinical Center?1382

Poor Fair Good Excellent
① ② ③ ④

e. Overall quality of the food24326

96. Regarding the HOSPITAL ENVIRONMENT, how would you rate the hospital environment on a scale from 0 to 10, where 0 is "the worst environment" and 10 is "the best environment"?24327

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

97. On a scale of 0 to 10 where 0 is not at all important and 10 is extremely important, how would you rate the importance of this hospital's environment to your child's OVERALL SENSE OF WELL-BEING?24328

0 Not at all important 1 2 3 4 5 6 7 8 9 10 Extremely important
① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

98. On a scale of 0 to 10 where 0 is not at all important and 10 is extremely important, how would you rate the importance of this hospital's environment to your child's family or visitors' OVERALL SENSE OF WELL-BEING?24329

0 Not at all important 1 2 3 4 5 6 7 8 9 10 Extremely important
① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

99. Is there anything else you would like to tell us about how the HOSPITAL ENVIRONMENT influenced you or your child's experience during your child's hospital stay?

Now we would like to ask you some questions about other aspects of your child's hospital experience.

100. Was it easy for you to find someone on the hospital staff to talk to about your concerns?24330

① Yes, definitely ② Yes, somewhat ③ No -89 Didn't want to talk/no concerns

101. Did you or your family have enough opportunity to talk to your child's doctor?24331

① Yes, definitely ② Yes, somewhat ③ No -89 Didn't want or need to talk

102. Did a doctor or nurse explain the results of tests in a way you could understand?24332

① Yes, completely ② Yes, somewhat ③ No -89 No tests were done

103. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen during your child's hospital stay?24333

① Yes, always ② Yes, sometimes ③ No

104. Did you feel like your child was treated with respect and dignity while he or she was in the hospital?24334

① Yes, always ② Yes, sometimes ③ No

105. Was your child ever in any pain?24335

① Yes ② No (Go to #108)

106. Do you think that the hospital staff did everything they could to help control your child's pain?24336

① Yes, definitely ② Yes, somewhat ③ No



001MMD7M

0075973



107. Overall, how much pain medicine did your child get?²⁴³³⁷

- 1 Not enough 2 Right amount 3 Too much

108. Did someone on the hospital staff explain the purpose of the medicines your child was to take at home in a way you could understand?²⁴³³⁸

- 1 Yes, completely 3 No 89 My child didn't receive medicine to take home
 2 Yes, somewhat 88 Didn't need explanation

109. Did they tell you when your child could resume his or her usual activities, such as eating, bathing, playing sports, or returning to school?²⁴³³⁹

- 1 Yes, completely 2 Yes, somewhat 3 No

110. Did the doctors and nurses give you or your family all the information you or they needed to help your child recover?²⁴³⁴⁰

- 1 Yes, definitely 2 Yes, somewhat 3 No 89 Didn't want or need information

111. Upon your child's discharge from the hospital were you provided with adequate information regarding your child's condition and care?²⁴³⁴¹

- 1 Yes, completely 2 Yes, somewhat 3 No

112. Overall, how would you rate the care your child received at the hospital?⁹¹¹⁸

- 1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent

And finally, we would like to get some information on your child's health and background.

113. In general, how would you rate your child's health?²⁴³⁴²

- 1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent

114. How many nights did your child spend at the hospital?²⁴³⁴³

- 1 2 3 4 5 6-9 10-15 More than 15
 1 2 3 4 5 6 7 8

115. Which of the following best describes your child's ethnic or racial background?²⁴²⁶⁸

- 1 Hispanic or Latino 4 Asian 7 White
 2 Not Hispanic or Latino 5 Black or African American
 3 American Indian or Alaska Native 6 Native Hawaiian or Other Pacific Islander

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated.

