

OMB Number 2900-XXXX

Est. Burden: 15 minutes

VA Form 10-1465-2

**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 will help ensure that all veterans receive the high quality care they have earned and so richly deserve.

We want to remind you that all information is strictly anonymous. 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. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. 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.

SURVEY INSTRUCTIONS

- ◆ You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes
 No → *If No, Go to Question 1 on Page 1*

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

Please note: Questions 1-22 in this survey are part of a national initiative to measure the quality of care in hospitals.

Please answer the questions in this survey about your stay at the hospital named on the cover. 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

YOUR CARE FROM DOCTORS

- 5. **During this hospital stay, how often did doctors treat you with courtesy and respect?**
 Never
 Sometimes
 Usually
 Always

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

THE HOSPITAL ENVIRONMENT

- 8. **During this hospital stay, how often were your room and bathroom kept clean?**
 Never
 Sometimes
 Usually
 Always
- 9. **During this hospital stay, how often was the area around your room quiet at night?**
 Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

- 10. **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 ➔ If No, Go to Question 12
- 11. **How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?**

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ¹ Yes
² No → If No, Go to Question 15

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ¹ Yes
² No → If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

WHEN YOU LEFT THE HOSPITAL

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

- ¹ Own home
² Someone else's home
³ Another health facility → If Another, Go to Question 21

19. 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?

- ¹ Yes
² No

20. 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?

- ¹ Yes
² No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stays in your answer.

21. 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

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

- Definitely no
 Probably no
 Probably yes
 Definitely yes

23. During this hospital stay, how often was personal information about you treated in a confidential manner?

- Never
 Sometimes
 Usually
 Always

24. During this hospital stay, how often did nurses show respect for what you had to say?

- Never
 Sometimes
 Usually
 Always

25. During this hospital stay, how often did you feel nurses really cared about you as a person?

- Never
 Sometimes
 Usually
 Always

26. During this hospital stay, how often did doctors show respect for what you had to say?

- Never
 Sometimes
 Usually
 Always

27. During this hospital stay, how often did you feel doctors really cared about you as a person?

- Never
 Sometimes
 Usually
 Always

28. During this hospital stay, were providers willing to talk to your family or friends about your health or treatment?

- Yes
 No

29. During this hospital stay, how often did you have a hard time speaking with or understanding your doctors or other health providers because you spoke different languages?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

30. During your most recent hospital stay, did providers at this hospital give you complete and accurate information about:

	Yes	No	Does Not Apply
a) Tests?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b) Choices for your care?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
c) Treatment?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
d) Plan for your care?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
e) Medications?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
f) Follow-up care?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
g) Side effects of medications	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

31. If you could have free care outside the VA, would you choose to be hospitalized here again?

- ¹ Definitely would not
- ² Probably would not
- ³ Probably would
- ⁴ Definitely would

32. During this hospital stay, how often did health care providers seem informed and up-to-date about the care you got from other providers at the hospital?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

33. Were there times when you were confused because different providers told you different things?

- ¹ Yes, Always
- ² Yes, Sometimes
- ³ No

34. Did you know who to ask when you had questions about your health care?

- ¹ Yes, Always
- ² Yes, Sometimes
- ³ No

35. During this hospital stay, when there was more than one choice for your treatment or health care, did providers ask which choice you thought was best for you?

- ¹ Yes
- ² No

36. During this hospital stay, did providers talk with you about the pros and cons of each choice for your treatment or health care?

- ¹ Yes
- ² No

37. Did someone on the hospital staff tell you what activities you could do after you got home?

- ¹ Yes
- ² No

- 38. Did you know who to contact if you needed medical advice or help right away, after you went home?**
- ¹ Yes
² No
- 39. Did you have a complaint about how you were treated (medically or personally) during your last hospitalization?**
- ¹ Yes
² No →Go to Question 45
- 40. If you reported this complaint to someone at the VA location where you received your care, to whom did you report this complaint?**
- ¹ Treatment Team
² Other VA Staff
³ Patient Advocate
⁴ Did not report the complaint to a VA employee
- 41. If you did not report this complaint, what was the most important reason you did not report it? (Please mark only one)**
- ¹ I didn't know where to complain
² I was afraid of what would happen if I did complain
³ I thought complaining wouldn't do any good
⁴ I wasn't sure I had the right to complain
⁵ Other
- 42. If you had a complaint, how easy was it for you to find someone to hear your complaint?**
- ¹ Very easy
² Easy
³ Difficult
⁴ Very difficult
⁵ Not Applicable
- 43. If you spoke with someone at the VA location about a complaint, how satisfied were you with the way your complaint was handled?**
- ¹ Very satisfied
² Satisfied
³ Dissatisfied
⁴ Very dissatisfied
⁵ Not Applicable
- 44. How long did it take for the VA hospital to resolve your complaint?**
- ¹ Same day
² 2-7 days
³ 8-14 days
⁴ 15-21 days
⁵ More than 21 days
⁶ Complaint is not resolved

45. How would you rate the hospital building overall (e.g., attractiveness of facility appearance, quality of building maintenance and upkeep)?

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

46. In terms of your satisfaction, how would you rate the convenience of the location of the facility?

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

47. Your Room:

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
a. Cleanliness of your room	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Privacy of your room	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Noise level	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Sense of safety and security	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

48. Equipment and Facilities:

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
a. Ease of finding your way around the hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Availability of parking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



ABOUT YOU**There are only a few remaining items left.****49. In general, how would you rate your overall health?**

- Excellent
 Very good
 Good
 Fair
 Poor

50. Are you of Spanish, Hispanic or Latino origin or descent?

- No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino

51. What language do you mainly speak at home?

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

52. 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

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

- White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native

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:

**OQP/SHEP Surveys
C/OSynovate Corporation
P.O. Box ???
Chicago, IL Zip**