

## ATTACHMENT Q

### PATIENT SURVEY INSTRUMENT AND SOURCE OF SURVEY ITEMS

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# PATIENT SURVEY INSTRUMENT

## 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***

Source of  
item\*

**Patient Survey Instrument**

**Please answer the questions in this survey about your stay at the hospital named in the cover letter. Do not include any other hospital stays in your answers.**

HCAHPS

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

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

HCAHPS

2. During this hospital stay, how often did nurses listen carefully to you?

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

HCAHPS

3. During this hospital stay, how often did nurses explain things in a way you could understand?

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

HCAHPS

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

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

HCAHPS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

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

HCAHPS

6. During this hospital stay, how often did doctors listen carefully to you?

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

HCAHPS

7. During this hospital stay, how often did doctors explain things in a way you could understand?

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

HCAHPS

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

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

HCAHPS

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

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

HCAHPS

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?

- 1  Yes
- 2  No

HCAHPS

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

HCAHPS

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

- 1  Yes
- 2  No

HCAHPS

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

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

HCAHPS

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

HCAHPS

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

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

HCAHPS

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

HCAHPS

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- Never
- 1
- Sometimes
- 2
- Usually
- 3
- Always
- 4

HCAHPS

18. 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
- 1
- Someone else's home
- 2
- Another health facility
- 3

HCAHPS

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?
- Yes
- 1
- No
- 2

HCAHPS

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?
- Yes
- 1
- No
- 2

HCAHPS

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 possible care
- 0

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

HCAHPS

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

- 1  Definitely no
- 2  Probably no
- 3  Probably yes
- 4  Definitely yes

**Next are a few more questions about your stay in the hospital.**

New

23. Was your admission to the hospital **planned** or scheduled ahead of time, or **not planned** because you needed urgent or emergency medical treatment?

- 1  Planned
- 2  Not planned

**Please mark how much you disagree or agree with each statement below about this hospital stay.**



New

24. Your doctors and nurses give you all the information you needed to understand your treatment.

Disagree Strongly

1

Disagree

2

Agree

3

Agree Strongly

4

New

25. Your doctors and nurses answered all your questions.

Disagree Strongly

1

Disagree

2

Agree

3

Agree Strongly

4

New

26. You knew who to talk to if you had questions or concerns about your health care.

Disagree Strongly

1

Disagree

2

Agree

3

Agree Strongly

4

New

27. Your family or friends were able to be with you as much as you wanted them to be.

Disagree Strongly

1

Disagree

2

Agree

3

Agree Strongly

4

**The next questions are about your beliefs about patient and family involvement in their health care.  
Please mark how much you disagree or agree with each statement.**

New

28. It is important to be involved in making decisions about your medical treatment.

Disagree Strongly

1

Disagree

2

Agree

3

Agree Strongly

4

PPI

29. It is important to be a partner in your health care with your doctor and other health care providers.

Disagree Strongly

1

Disagree

2

Agree

3

Agree Strongly

4

MCG-revised

30. The quality of health care is improved when patients and families are involved in making decisions about their care.

Disagree Strongly

1

Disagree

2

Agree

3

Agree Strongly

4

MCG-revised

31. Health care is safer when patients and families are involved in making decisions about their care.

Disagree Strongly

1

- 2  Disagree
- 3  Agree
- 4  Agree Strongly

**The next questions are about your stay in the hospital (the one named on the cover letter).**

New

32. During this hospital stay, did you want to be involved in decisions about your health care?
- 1  Yes
  - 2  No → IF NO, GO TO Question 34

HP-CAHPS

33. During this hospital stay, how often were you involved as much as you wanted in decisions about your health care?
- 1  Never
  - 2  Sometimes
  - 3  Usually
  - 4  Always

HP-CAHPS

34. During this hospital stay, how often was it easy to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?
- 1  Never
  - 2  Sometimes
  - 3  Usually
  - 4  Always

PPI

35. During this hospital stay, how often did your doctors and other health care providers ask your opinion about your medical treatment?

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

**As you may know, nurse shift changes occur when nurses who are going off duty share information about you with nurses coming on duty. At this hospital, this shift change may have happened at your bedside.**

New

36. During this hospital stay, did shift changes happen at your bedside during your hospital stay?

- 1  YES
- 2  NO or NOT SURE → IF NO or NOT SURE, GO TO Question 41

**Please mark how much you disagree or agree with each statement about bedside shift changes during this hospital stay.**

New

37. The bedside shift change was helpful.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly

New

38. I felt involved in the bedside shift change.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly

New

39. I knew when bedside shift changes would take place.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly

New

40. I was able to ask questions during bedside shift changes.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly

**The next questions are about what happened when you were getting ready to leave the hospital. This is called making discharge plans.**

New

41. During this hospital stay, when did a doctor or nurse **first** talk with you about discharge plans?

- 1  On the day I was discharged
- 2  Before the day I was discharged

**Please mark how much you disagree or agree with each statement about making plans for leaving the hospital.**

New

42. I felt included in making my discharge plans.

- 1  Disagree Strongly
- 2  Disagree

- 3  Agree
- 4  Agree Strongly
- New 43. My doctors and other health providers asked my opinion about my discharge plans.
- Disagree Strongly
- 1
- Disagree
- 2
- Agree
- 3
- Agree Strongly
- 4
- New 44. My family and friends were involved in talks about my discharge plans as much as I wanted them to be.
- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- New 45. I understood what I needed to do for my care after leaving the hospital.
- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- New 46. I knew who to call if I had questions after I left the hospital.
- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly

**Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. If the statement does not apply to you, mark "Not Applicable".**

***Your answers should be what is true for you and not just what you think the doctor or nurse wants you to say.***

PAM

47. When all is said and done, I am the person who is responsible for managing my health condition.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

48. Taking an active role in my own health care is the most important factor in determining my health and ability to function.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

49. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

50. I know what each of my prescribed medications does.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

51. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

52. I am confident that I can tell a doctor concerns I have, even when he or she does not ask.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

53. I am confident that I can follow through on medical treatments I need to do at home.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

54. I understand the nature and causes of my health condition.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

55. I know the different medical treatment options available for my health condition.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable



PAM

56. I have been able to maintain the lifestyle changes for my health condition that I have made.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

57. I know how to prevent further problems with my health condition.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

58. I am confident I can figure out solutions when new situations or problems arise with my health condition.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

PAM

59. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.

- 1  Disagree Strongly
- 2  Disagree
- 3  Agree
- 4  Agree Strongly
- 5  Not Applicable

**Please answer the last few questions about you.**

HCAHPS

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

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

HCAHPS	61. What is the highest grade or level of school that you have completed?
	1 <input type="checkbox"/> 8th grade or less
	2 <input type="checkbox"/> Some high school but did not graduate
	3 <input type="checkbox"/> High school graduate or GED
	4 <input type="checkbox"/> Some college or 2-year degree
	5 <input type="checkbox"/> 4-year college graduate
	6 <input type="checkbox"/> 6 More than 4-year college degree
OMB	62. Are you Hispanic or Latino/Latina?
	1 <input type="checkbox"/> No
	2 <input type="checkbox"/> Yes
OMB	63. What is your race? Please choose one or more.
	1 <input type="checkbox"/> American Indian or Alaska Native
	2 <input type="checkbox"/> Asian
	3 <input type="checkbox"/> Native Hawaiian or other Pacific Islander
	4 <input type="checkbox"/> Black or African American
	5 <input type="checkbox"/> White
HCAHPS	64. What language do you mainly speak at home?
	1 <input type="checkbox"/> English
	2 <input type="checkbox"/> Spanish
	3 <input type="checkbox"/> Other language: Specify: _____
MCG	65. What is your age? _____ years

**\*Key**

<b>HCAHPS:</b>	<b>Hospital Consumer Assessment of Healthcare Providers and Systems survey</b> is a national, standardized survey of patients' perspectives of hospital care for measuring patients' perceptions of their hospital experience.
<b>HP-CAHPS</b>	<b>Consumer Assessment of Healthcare Providers and Systems<sup>®</sup> Health Plan Survey 4.0 Supplemental Items for the Adult Questionnaires</b>
<b>MCG-revised:</b>	<b>Medical College of Georgia Patient and Family Centered Care Survey - Culture Survey</b> ©2005. Revised questions to reflect patient perspective on care.
<b>PPI:</b>	<b>Patients' Perceived Involvement in care scale.</b> Lerman C. E., Brody, D. S., Caputo, G. C., Smith, D. G., Lazaro, C. G., and Wolfson, H. G. (1990). Patients' perceived involvement in

care scale: Relationship to attitudes about illness and medical care. Journal of General Internal Medicine, 5, 29-33.

**PAM:**

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