

ATTACHMENT C

ER Patient Experience Survey – Admitted to Hospital (HCAHPS Add On) Version (39 items)

Please answer the questions in this survey about the care you got from the emergency room and hospital on or around the date named below.

[NAME OF HOSPITAL / DATE OF VISIT LABEL GOES HERE]

The first questions in the survey will ask about your emergency room visit. Later in the survey, you will be asked about your stay in the hospital immediately following your emergency room visit.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXX-XXXX**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Survey Instructions

Answer each question by circling your response.

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 → **If Yes, go to #1 on page 1**

No

GOING TO THE EMERGENCY ROOM

1. Thinking about this visit, what was the **main** reason why you went to the emergency room?

An accident or injury

A new health problem

An ongoing health condition or concern

2. For this visit, did you go to the emergency room in an ambulance?

Yes

No

3. When you first arrived at the emergency room, how long was it before someone talked to you about the reason why you were there?

Less than 5 minutes

5 to 15 minutes

More than 15 minutes

DURING YOUR EMERGENCY ROOM VISIT

4. During this emergency room visit, did someone let you know about how long you would wait before you got care for the first time?

- Yes, definitely
- Yes, somewhat
- No

5. During this emergency room visit did you get care within 30 minutes of getting to the emergency room?

- Yes
- No

PEOPLE WHO TOOK CARE OF YOU IN THE EMERGENCY ROOM

Please answer the following questions about the people who took care of you while you were in the emergency room.

6. During this emergency room visit, how often did doctors, nurses, or emergency room staff introduce themselves to you the first time they came to take care of you?

- Never
- Sometimes
- Usually
- Always

7. During this emergency room visit, how often did nurses treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

8. During this emergency room visit, how often did doctors treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

9. Once you found out you would have to stay in the hospital, were you kept informed about how long it would be before you went to another part of the hospital?

- Yes, definitely
- Yes, somewhat
- No

10. Before you left the emergency room, did you understand why you needed to stay in the hospital?

- Yes, definitely
- Yes, somewhat
- No

OVERALL EMERGENCY ROOM EXPERIENCE

11. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate your care during this emergency room visit?

0 – worst care possible

1

2

3

4

5

6

7

8

9

10 – best care possible

12. Thinking about the **30 days before this visit**, how many times did you go to this emergency room to get care for yourself for any reason? Please include the emergency room visit you have been answering questions about in this survey.

1 time

2 times

3 times

4 or more times

YOUR CARE DURING YOUR HOSPITAL ADMISSION

For the rest of the questions, please think only about the care you received after you left the emergency room and went to another part of the hospital for more care.

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

16. 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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

20. During this hospital stay, how often were you room and bathroom kept clean?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **If No, Go to Question 24**

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23. 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

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

- Yes
- No → **If No, Go to Question 27**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **If No, Go to Question 30**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

30. 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 → **if Another health facility, Go to Question 33**

31. 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

32. 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

33. 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

34. 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 questions left.

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

- Excellent
- Very good
- Good
- Fair
- Poor

36. 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

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

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

38. 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

39. What language do you mainly speak at home?

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

Thank you

Please return the completed survey in the postage-paid envelope.
