

Outpatient and Ambulatory Surgery Experience of Care Survey

<Date>

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 0938-**New**. 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 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 #1.**

This survey asks about your experience at the facility named in the cover letter. For this survey, we use the term “procedure” for diagnostic, surgical or other procedures. We refer to “facility” as the place where you had your procedure.

Please answer these questions only for the date included in the cover letter. Do not include any other procedures in your answers.

I. Before Your Procedure

The first few questions are about getting ready for your procedure.

1. Did your doctor or anyone from the facility give you all the information you needed about your procedure?
 - ¹ Yes, definitely
 - ² Yes, somewhat
 - ³ No

2. Did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?
 - ¹ Yes, definitely
 - ² Yes, somewhat
 - ³ No

3. When you arrived at this facility on the day of your procedure, did the check-in process run smoothly?
 - ¹ Yes, definitely
 - ² Yes, somewhat
 - ³ No

4. Did you have a delay in your scheduled procedure?
 - ¹ Yes
 - ² No → **If No, go to #6**

5. Did anyone from the facility keep you informed about the delay?
 - ¹ Yes
 - ² No

II. About the Facility and Staff

6. Was the facility clean?
 - ¹ Yes, definitely
 - ² Yes, somewhat
 - ³ No

7. When you talked with the staff about your procedure, were you able to talk in an area that was private?
 - ¹ Yes, definitely
 - ² Yes, somewhat
 - ³ No

8. Were the clerks and receptionists at the facility as helpful as you thought they should be?
 - ¹ Yes, definitely
 - ² Yes, somewhat
 - ³ No

9. Did the clerks and receptionists at the facility treat you with courtesy and respect?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

10. Did the doctors, nurses and other staff treat you with courtesy and respect?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

11. Did the doctors, nurses and other staff make sure you were as comfortable as possible?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

III. Communications About your Procedure

12. Did you have any questions for the doctors, nurses or other staff?

- 1 Yes
- 2 No → If No, go to #14

13. Did the doctors, nurses and other staff answer your questions?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

14. Did the doctors, nurses and other staff explain things in a way that was easy for you to understand?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

15. Did you get conflicting information about your care from the doctors, nurses or other staff at the facility?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

16. Anesthesia is something that would make you go to sleep or not feel pain during your procedure. Were you given anesthesia?

- 1 Yes
- 2 No → If No, go to #19

17. Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?

- 1 Yes
- 2 No

18. Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?

- 1 Yes
- 2 No

19. Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you receive written discharge instructions?

¹ Yes

² No

20. Did your doctor or anyone from the facility ask if you had someone to help you get home after your procedure?

¹ Yes

² No

IV. Your Recovery

21. Did your doctor or anyone from the facility prepare you for what to expect during your recovery?

¹ Yes, definitely

² Yes, somewhat

³ No

22. Ways to control pain can include prescription medicine, over-the-counter pain relievers or ice packs, for example. Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure?

¹ Yes

² No

23. At any time after leaving the facility, did you have pain as a result of your procedure?

¹ Yes

² No → If No, go to #25

24. After you left the facility, did you get medical care because of pain as a result of your procedure?

¹ Yes

² No

25. Before you left, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting?

¹ Yes

² No

26. At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?

¹ Yes

² No → If No, go to #28

27. After you left the facility, did you get medical care because of the nausea or vomiting as a result of your procedure or the anesthesia?

¹ Yes

² No

28. Before you left, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?

¹ Yes

² No

29. At any time after leaving the facility, did you have bleeding as a result of your procedure?

¹ Yes

² No → If No, go to #31

30. After you left the facility, did you get medical care because of bleeding as a result of your procedure?

- ¹ Yes
- ² No

31. Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?

- ¹ Yes
- ² No

32. At any time after leaving the facility, did you have any signs of infection?

- ¹ Yes
- ² No → **If No, go to #34**

33. After you left the facility, did you get medical care because of signs of infection as a result of your procedure?

- ¹ Yes
- ² No

34. After you left the facility, did your doctor or anyone from the facility contact you to see how you were recovering?

- ¹ Yes
- ² No

V. Your Overall Experience

35. Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?

- 0 = Worst facility possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 = Best facility possible

36. Would you recommend this facility to your friends and family?

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

VI. About You

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

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

38. In general, how would you rate your overall mental or emotional health?

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

39. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 to 79
- 8 80 to 84
- 9 85 or older

40. Are you male or female?

- 1 Male
- 2 Female

41. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

42. Are you Hispanic, Latino/a, or Spanish origin?

- 1 Yes, Hispanic, Latino/a, or Spanish
- 2 No, not Hispanic, Latino/a, or Spanish
→ If No, go to #44

43. Which group best describes you?

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

44. What is your race? You may select one or more categories.

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian Indian
- 5 Chinese
- 6 Filipino
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Other Asian
- 11 Native Hawaiian
- 12 Guamanian or Chamorro
- 13 Samoan
- 14 Other Pacific Islander

45. How well do you speak English?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

46. Do you speak a language other than English at home?

- 1 Yes
- 2 No → If No, go to #48

47. What is that language?

¹ Spanish

² Other Language (PLEASE SPECIFY):

(Please print.)

48. Did someone help you complete this survey?

¹ Yes

² No → **If No, go to END.**

49. How did that person help you? Check all that apply.

¹ Read the questions to me

² Wrote down the answers I gave

³ Answered the questions for me

⁴ Translated the questions into my language

⁵ Helped in some other way:
(EXPLAIN):

(Please print.)

⁶ No one helped me complete this survey

END

When you have completed the survey, please mail it in the postage-paid envelope provided.