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# HCAHPS INSTRUMENT FOR HCAHPS ONLY ARM, MODE EXPERIMENT

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## 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*

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

***Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981***

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

- Never
- Sometimes
- Usually
- Always

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

Yes

No → **If No, Go to Question 15**

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

Yes

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?

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

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?

Own home

Someone else's home

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?

Yes

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?

Yes

No

## OVERALL RATING OF HOSPITAL

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

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

#### UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- I was not given any medication when I left the hospital

#### **ABOUT YOU**

There are only a few remaining items left.

26. During this hospital stay, were you admitted to this hospital through the Emergency Room?

- Yes
- No

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

Excellent  
Very good  
Good  
Fair  
Poor

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

Excellent  
Very good  
Good  
Fair  
Poor

29. 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

30. 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

31. 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

32. What language do you mainly speak at home?

English

Spanish

Chinese

Russian

Vietnamese

Portuguese

Some other language (please print): \_\_\_\_\_

**THANK YOU**

**Please return the completed survey in the postage-paid envelope.  
[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

**[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

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