
EDPEC Survey—Admitted HCAHPS Add-on Instrument, Version A

SURVEY INSTRUCTIONS

[IF NON-PROXY ONLY] 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.



THE FIRST QUESTIONS IN THE SURVEY WILL ASK ABOUT YOUR HOSPITAL STAY. LATER IN THE SURVEY, YOU WILL BE ASKED ABOUT THE EMERGENCY ROOM VISIT IMMEDIATELY PRIOR TO YOUR HOSPITAL STAY.

Please answer these questions only about your stay at the hospital named on the cover letter. Do not include any other stays in your answers. We will ask about your visit to the emergency room later in the survey.

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 or your experience in the emergency room 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

GOING TO THE EMERGENCY ROOM

For these next questions, please think about the emergency room visit immediately prior to this hospital admission. Please do not include your experiences after you were admitted to the hospital.

26. 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

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

Yes

No

28. 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

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

Yes

No

30. During this emergency room visit, did you have any pain?

Yes

No → **If No, Go to Question 34**

31. During this emergency room visit, did the doctors and nurses try to help reduce your pain?

Yes, Definitely

Yes, Somewhat

No

32. During this emergency room visit, did you get medicine for pain?

Yes

No → **If No, Go to Question 34**

33. Before giving you pain medicine, did the doctors and nurses describe possible side effects in a way you could understand?

Yes, Definitely

Yes, Somewhat

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.

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

Never

Sometimes

Usually

Always

35. During this emergency room visit, how often did nurses explain things in a way you could understand?

Never

Sometimes

Usually

Always

36. During this emergency room visit, did nurses spend enough time with you?

Yes

No

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

Never

Sometimes

Usually

Always

LEAVING THE EMERGENCY ROOM

38. 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

OVERALL EMERGENCY ROOM EXPERIENCE

39. 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

40. In the last 6 months, how many times have you visited any emergency room to get care for yourself? Please include the emergency room visit you have been answering questions about in this survey.

- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

ABOUT YOU

There are only a few remaining items left.

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

43. 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

44. 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

45. 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

46. What language do you mainly speak at home?

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

47. Did someone help you complete this survey?

- Yes
- No → Thank you. Please return the completed survey in the postage-paid envelope.

48. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way
- Please print:* _____

49. Was the person who helped you with you at any time during this emergency room visit?

Yes
No

THANK YOU

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

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