

HCAHPS Survey+44 Supplemental Items

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 hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
2. During this hospital stay, how often did nurses listen carefully to you?
- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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
⁹ 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?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
6. During this hospital stay, how often did doctors listen carefully to you?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
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

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
9. During this hospital stay, how often was the area around your room quiet at night?
- ¹ Never
² Sometimes
³ Usually
⁴ Always

YOUR EXPERIENCES IN THIS 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?
- ¹ Yes
² 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?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
12. During this hospital stay, did you need medicine for pain?
- ¹ Yes
² No → If No, Go to Question 15
13. During this hospital stay, how often was your pain well controlled?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
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

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

¹ Yes

² 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?

¹ Never

² Sometimes

³ Usually

⁴ Always

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

¹ Never

² Sometimes

³ Usually

⁴ 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?

¹ Own home

² Someone else's home

³ 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?

¹ Yes

² 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?

¹ Yes

² 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 0 Worst hospital possible

¹ 1

² 2

³ 3

⁴ 4

⁵ 5

⁶ 6

⁷ 7

⁸ 8

⁹ 9

¹⁰ 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

MORE QUESTIONS ABOUT NURSES

We have some additional questions about your experiences during this hospital stay.

26. **During this hospital stay, how often did nurses use medical words you did not understand?**

- Never
- Sometimes
- Usually
- Always

27. **During this hospital stay, how often did nurses talk too fast when talking with you?**

- Never
- Sometimes
- Usually
- Always

28. **During this hospital stay, how often did nurses use pictures, drawings, models or videos to explain things to you?**

- Never
- Sometimes
- Usually
- Always

29. **During this hospital stay, how often did nurses interrupt you when you were talking?**

- Never
- Sometimes
- Usually
- Always

30. During this hospital stay, how often did nurse answer all your questions to your satisfaction?

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

31. During this hospital stay, how often did nurses make sure you understood all the information you were given?

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

32. During this hospital stay, how often did you feel that nurses really cared about you as a person?

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

MORE QUESTIONS ABOUT DOCTORS

33. During this hospital stay, how often did doctors use medical words you did not understand?

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

34. During this hospital stay, how often did doctors talk too fast when talking with you?

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

35. During this hospital stay, how often did doctors use pictures, drawings, models or videos to explain things to you?

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

36. During this hospital stay, how often did doctors interrupt you when you were talking?

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

37. During this hospital stay, how often did doctors answer all your questions to your satisfaction?

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

38. During this hospital stay, how often did doctors make sure you understood all the information you were given?

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

39. During this hospital stay, how often did you feel that doctors really cared about you as a person?

- Never
- Sometimes
- Usually
- Always

MORE QUESTIONS ABOUT YOUR EXPERIENCES IN THIS HOSPITAL

40. During this hospital stay, did you and hospital staff talk about things in your life that worry you or cause you stress?

- Yes
- No

41. During this hospital stay, did you and hospital staff talk about specific goals for your health?

- Yes
- No

MORE QUESTIONS ABOUT MEDICINE

42. During this hospital stay, did you have any pain?

- Yes
- No → If No, Go to Question 44

43. During this hospital stay, how often did hospital staff try to help reduce your pain?

- Never
- Sometimes
- Usually
- Always

44. During this hospital stay, did you get medicine for pain?

- Yes
- No → If No, Go to Question 46

45. Before giving you pain medicine, did hospital staff describe possible side effects in a way you could understand?

- Yes
- No

46. During this hospital stay, did hospital staff talk with you about all the prescription medicine you were taking?

- Yes
- No

47. During this hospital stay, did you take any medicine that you had not taken before?

- Yes
- No → If No, Go to Question 51

48. Did you and hospital staff talk about the reasons you might want to take the medicine?

- Yes
- No

49. Did you and hospital staff talk about the reasons you might not want to take the medicine?

- Yes
- No

50. When you and hospital staff talked about taking the new medicine, did they ask what you thought was best for you?

- Yes
- No
- Hospital staff did not talk with me about taking the new medicine

MEDICAL TESTS DURING THIS HOSPITAL STAY

51. During this hospital stay, did you have a blood test, x-ray or other test?

- Yes
- No → If No, Go to Question 56

52. During this hospital stay, before you had a blood test, x-ray or other test, how often did hospital staff explain what it was for?

- Never
- Sometimes
- Usually
- Always

53. How often was the explanation easy to understand?

- Never
- Sometimes
- Usually
- Always

54. During this hospital stay, when you had a blood test, x-ray or other test, how often did hospital staff explain the results to you?

- Never
- Sometimes
- Usually
- Always

55. How often were the results of your blood test, x-ray or other test easy to understand?

- Never
- Sometimes
- Usually
- Always

MORE QUESTIONS ABOUT WHEN YOU LEFT THE HOSPITAL

56. During this hospital stay, did hospital staff talk with you about how much to involve your family or friends in planning for when you left the hospital?

- Yes
- No

57. During this hospital stay, did hospital staff respect your wishes about how much to involve your family or friends in planning for when you left the hospital?

- Yes
- No

58. During this hospital stay, were you told to take any medicine after you left the hospital? Include prescription and non-prescription medicines as well as any medicines you were already taking before your hospital stay.

¹ Yes

² No → If No, Go to Question 65

59. During this hospital stay, did hospital staff explain the purpose of each of the medicines you were told to take at home?

¹ Yes

² No → If No, Go to Question 65

60. Was the explanation easy to understand?

¹ Yes

² No

61. During this hospital stay, did hospital staff give you instructions about how to take your medicines when you were at home?

¹ Yes

² No → If No, Go to Question 65

62. Were these instructions easy to understand?

¹ Yes

² No

63. During this hospital stay, did hospital staff ask you to describe how you were going to take your medicines when you were at home?

¹ Yes

² No

64. During this hospital stay, did hospital staff tell you who to call if you had questions about your medicines?

¹ Yes

² No

65. Before you left the hospital, did hospital staff give you a chance to ask any questions you may have had about how to care for your self after this hospital stay?

¹ Yes

² No

66. Before you left the hospital, did hospital staff give you a chance to ask any questions you may have had about what kinds of doctors or other care providers you needed to see after this hospital stay?

¹ Yes

² No

67. During this hospital stay, did hospital staff give you a telephone number to call if you had problems after you left the hospital?

¹ Yes

² No

PREVIOUS HOSPITAL STAYS

68. Did you have an overnight hospital stay in the 30 days before this hospital stay?

¹ Yes

² No → If No, Go to Question 70

69. Was the previous hospital stay for the same condition or problem as this hospital stay?

¹ Yes

² No

ABOUT YOU

There are only a few remaining items left.

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

¹ Yes

² No

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

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ Poor

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

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ Poor

73. 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

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

- ¹ No, not Spanish/Hispanic/Latino
- ² Yes, Puerto Rican
- ³ Yes, Mexican, Mexican American, Chicano
- ⁴ Yes, Cuban
- ⁵ Yes, other Spanish/Hispanic/Latino

75. What is your race? Please choose one or more.

- ¹ White
- ² Black or African American
- ³ Asian
- ⁴ Native Hawaiian or other Pacific Islander
- ⁵ American Indian or Alaska Native

76. What language do you mainly speak at home?

- ¹ English
- ² Spanish
- ³ Chinese
- ⁴ Russian
- ⁵ Vietnamese
- ⁶ Portuguese
- ⁹ Some other language (please print): _____

THANK YOU

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

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