

Revisions to HCAHPS Survey

Issue #	Page #	Section	Action to be performed	Changes to the HCAHPS Survey	Reason for the Change
1.	2	“Your Experiences In This Hospital”	Revise as follows:	<p>Replace:</p> <p>12. During this hospital stay, did you need medicine for pain?</p> <p>¹<input type="checkbox"/> Yes ²<input type="checkbox"/> No → If No, Go to Question 15</p> <p>13. During this hospital stay, how often was your pain well controlled?</p> <p>¹<input type="checkbox"/> Never ²<input type="checkbox"/> Sometimes ³<input type="checkbox"/> Usually ⁴<input type="checkbox"/> Always</p> <p>14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</p> <p>¹<input type="checkbox"/> Never ²<input type="checkbox"/> Sometimes ³<input type="checkbox"/> Usually ⁴<input type="checkbox"/> Always</p> <p>With:</p> <p>12. During this hospital stay, did you <u>have any pain</u>?</p> <p>¹<input type="checkbox"/> Yes ²<input type="checkbox"/> No → If No, Go to Question 15</p> <p>13. During this hospital stay, how often did hospital staff talk with you about how much pain you had?</p> <p>¹<input type="checkbox"/> Never ²<input type="checkbox"/> Sometimes ³<input type="checkbox"/> Usually ⁴<input type="checkbox"/> Always</p>	To replace three questions about pain currently on the HCAHPS Survey with three items that focus on communication about pain.

				<p>14. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?</p> <p>¹<input type="checkbox"/> Never ²<input type="checkbox"/> Sometimes ³<input type="checkbox"/> Usually ⁴<input type="checkbox"/> Always</p>	
2.	4	OMB Paperwork Reduction Act Language	Revise as follows (highlighted text only)	<p>Replace: 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 0938-0981. The time required to complete this information collected is estimated to average 8 minutes for questions 1-25 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.</p> <p>With: 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 0938-0981. The time required to complete this information collected is estimated to average 8 minutes for questions 1-25 on the survey, including the time to review</p>	To update the location for receipt of comments about the form.

				<p>instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-05-17, Baltimore, MD 21244-1850.</p>	
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