

Attachment C
Child HCAHPS Narrative Elicitation Protocol
Child HCAHPS Narrative Elicitation Pilot Test

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX
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Health care providers find it helpful to hear what patients and their parents have to say about their experience in the hospital. This information helps providers understand what is working well and what may need improvement.

Please answer the following questions to provide detailed feedback about your child’s most recent hospital stay. Try to consider the overall experience in the hospital: if your child’s stay was long or complex, please feel free to focus on the experiences that mattered most to you or your child.

Please do not use your comments in place of a visit or phone call, or to seek advice from a provider.

1. Thinking back on the time you and your child spent in the hospital, how would you say things went?
2. Now, we’d like to focus on any experiences during your child’s hospital stay that went particularly well. Please explain what happened, how it happened, and how it felt.
3. Next, we’d like to focus on any experiences during your child’s hospital stay that you wish had gone differently. Please explain what happened, how it happened, and how it felt.
4. Please describe how the doctors, nurses, and others who cared for your child related to and interacted **with you**.
5. Please describe how the doctors, nurses, and others who cared for your child related to and interacted **with your child**.
6. During your child’s hospital stay, you and your child likely had contact with many different staff and providers. How well did these staff and providers seem to work with one another? Please explain how this affected the experiences you or your child had with hospital care.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.
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