

Please use the enclosed envelope and mail the completed survey to:  
**NRC Health**  
Survey Processing Center  
PO BOX 82660  
Lincoln, NE 68501-2660  
1-800-733-6714

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

### SURVEY INSTRUCTIONS

- \* Answer each question by completely filling in the circle 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 → Go to Question 1
  - No

Please answer the questions about the child and hospital named in the cover letter. Do **not** include any other hospital stays in your answers.

#### WHEN YOUR CHILD WAS ADMITTED TO THIS HOSPITAL

1. Was your child born during this hospital stay?<sup>47938</sup>
  - Yes → Go to Question 14
  - No
2. For this hospital stay, was your child admitted through this hospital's Emergency Room?<sup>47939</sup>
  - Yes
  - No → Go to Question 5
3. Were you in this hospital's Emergency Room with your child?<sup>52537</sup>
  - Yes
  - No → Go to Question 5
4. While your child was in this hospital's Emergency Room, were you kept informed about what was being done for your child?<sup>52538</sup>
  - Yes, definitely
  - Yes, somewhat
  - No

5. During the first day of this hospital stay, were you asked to list or review all of the prescription medicines your child was taking at home?<sup>47942</sup>

- Yes, definitely
- Yes, somewhat
- No

6. During the first day of this hospital stay, were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines your child was taking at home?<sup>47943</sup>

- Yes, definitely
- Yes, somewhat
- No

#### YOUR CHILD'S CARE AFTER ADMISSION TO THIS HOSPITAL

Do **not** include care received in the Emergency Room for the rest of the survey.

7. Is your child able to talk with nurses and doctors about his or her health care?<sup>47944</sup>

- Yes
- No → Go to Question 14



### YOUR CHILD'S EXPERIENCE WITH NURSES

The next questions ask about your child's experience during this hospital stay. You will be asked about your own experience during this hospital stay in later questions.

8. During this hospital stay, how often did your child's nurses listen carefully to your child?<sup>47945</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
9. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?<sup>47946</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
10. During this hospital stay, how often did your child's nurses encourage your child to ask questions?<sup>47948</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always

### YOUR CHILD'S EXPERIENCE WITH DOCTORS

11. During this hospital stay, how often did your child's doctors listen carefully to your child?<sup>47949</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
12. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?<sup>47950</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
13. During this hospital stay, how often did your child's doctors encourage your child to ask questions?<sup>47952</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always

### YOUR EXPERIENCE WITH NURSES

14. During this hospital stay, how often did your child's nurses listen carefully to you?<sup>47953</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
15. During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?<sup>47954</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
16. During this hospital stay, how often did your child's nurses treat you with courtesy and respect?<sup>47955</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always

### YOUR EXPERIENCE WITH DOCTORS

17. During this hospital stay, how often did your child's doctors listen carefully to you?<sup>47956</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
18. During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?<sup>47957</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
19. During this hospital stay, how often did your child's doctors treat you with courtesy and respect?<sup>47958</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always



## YOUR EXPERIENCE WITH PROVIDERS

20. A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?<sup>47964</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
21. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?<sup>47963</sup>
- ① Yes, definitely
  - ② Yes, somewhat
  - ③ No
22. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?<sup>47959</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
23. During this hospital stay, how often did providers keep you informed about what was being done for your child?<sup>47961</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
24. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?<sup>47966</sup>
- ① Yes
  - ② No → Go to Question 26
25. How often did providers give you as much information as you wanted about the results of these tests?<sup>47967</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always

## YOUR CHILD'S CARE IN THIS HOSPITAL

26. During this hospital stay, did you or your child ever press the call button?<sup>47969</sup>
- ① Yes
  - ② No → Go to Question 28
27. After pressing the call button, how often was help given as soon as you or your child wanted it?<sup>47970</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
28. During this hospital stay, was your child given any medicine?<sup>47973</sup>
- ① Yes
  - ② No → Go to Question 30
29. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?<sup>47974</sup>
- ① Never
  - ② Sometimes
  - ③ Usually
  - ④ Always
30. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?<sup>47975</sup>
- ① Yes, definitely
  - ② Yes, somewhat
  - ③ No
31. During this hospital stay, did your child have pain that needed medicine or other treatment?<sup>47976</sup>
- ① Yes
  - ② No → Go to Question 33
32. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?<sup>49005</sup>
- ① Yes, definitely
  - ② Yes, somewhat
  - ③ No



## THE HOSPITAL ENVIRONMENT

33. During this hospital stay, how often were your child's room and bathroom kept clean?<sup>47994</sup>

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

34. During this hospital stay, how often was the area around your child's room quiet at night?<sup>47995</sup>

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

35. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?<sup>49007</sup>

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

## WHEN YOUR CHILD LEFT THIS HOSPITAL

36. As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave?<sup>47999</sup>

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

37. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?<sup>48000</sup>

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

38. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?<sup>48003</sup>

- ① Yes
- ② No → Go to Question 41

39. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?<sup>48002</sup>

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

40. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?<sup>48001</sup>

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

41. A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?<sup>49009</sup>

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

42. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after your child left the hospital?<sup>49008</sup>

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

43. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?<sup>49010</sup>

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

## YOUR TEEN'S CARE IN THIS HOSPITAL

44. During this hospital stay, was your child 13 years old or older?<sup>48008</sup>

- ① Yes
- ② No → Go to Question 48



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45. During this hospital stay, how often did providers involve your child in discussions about his or her health care? 48009

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

46. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?48010

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

47. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital? 48011

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

#### OVERALL RATING OF THIS HOSPITAL

As a reminder, please answer the questions about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.

48. 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 child's stay?48012

- ① 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

49. Would you recommend this hospital to your friends and family?48013

- ① Definitely no
- ② Probably no
- ③ Probably yes
- ④ Definitely yes

50. Is there anything else you would like to say about the care your child received during this hospital stay? *Please print:*

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#### ABOUT YOUR CHILD

51. In general, how would you rate your child's overall health?48014

- ① Excellent
- ② Very good
- ③ Good
- ④ Fair
- ⑤ Poor

52. What is your child's age?52539

- ① Less than 1 year old
- ②  YEARS OLD (write in)

53. Is your child male or female?52540

- ① Male
- ② Female

54. Is your child of Hispanic or Latino origin or descent?52541

- ① Yes, Hispanic or Latino
- ② No, not Hispanic or Latino

55. What is your child's race? Please mark one or more.52542

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



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## ABOUT YOU

56. How are you related to the child?<sup>48017</sup>

- ① Mother
- ② Father
- ③ Grandmother
- ④ Grandfather
- ⑤ Other relative or legal guardian
- ⑥ Someone else (*Please print:*

57. What is your age?<sup>48018</sup>

- ① Under 18
- ② 18-24
- ③ 25-34
- ④ 35-44
- ⑤ 45-54
- ⑥ 55-64
- ⑦ 65-74
- ⑧ 75 or older

58. What is the highest grade or level of school that you have completed?<sup>49080</sup>

- 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

59. What is your preferred language?<sup>47988</sup>

- ① English
- ② Spanish
- ③ Chinese
- ④ Vietnamese
- ⑤ Korean
- ⑥ Russian
- ⑦ Other language (*Please print:*

60. During your child's hospital stay, how much of the time were you at the hospital?<sup>48020</sup>

- ① None of the time
- ② A little of the time
- ③ Some of the time
- ④ Most of the time
- ⑤ All or nearly all of the time

61. Did someone help you complete this survey?<sup>52543</sup>

- ① Yes
- ② No → **Thank you. Please return the completed survey in the postage-paid envelope.**

62. How did that person help you? Please mark **one or more**.<sup>54239</sup>

- ① Read the questions to me
- ② Wrote down the answers I gave
- ③ Answered the questions for me
- ④ Translated the questions into my language
- ⑤ Helped in some other way (please print):

## THANK YOU

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



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