



OMB Number 2900-0712  
Est. Burden: 14 minutes  
VA Form 10-1465-2

## SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS: SHEP

### RECENTLY DISCHARGED INPATIENT 2021

In order for the VA to carry out its mission to provide the best possible medical care and services to all Veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all Veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other Veterans before being reported. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with my office unless you indicate that you want your comments to remain confidential and not be shared. If you would like to see the results of the survey for all Veterans who get care at this facility, you may contact the Patient Advocate at this facility.

Participation is voluntary and your answers to the survey will not affect the health care you receive or your eligibility for VA benefits.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 14 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

### \*\*\* ABOUT YOUR RECENT HOSPITAL STAY \*\*\*

We realize that you may receive care at more than one VA location. However, it is important that you answer the questions in this survey based on your VA hospital stay described below:

Version: 62E – 0421

Facility: <OFFICIAL>

Date of discharge: <day>  
<top\_line>

<Sort Num>



## 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 1-29 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #2900-0712**

**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?**

- 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

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### 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

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### 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?

- 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, were you given any medicine that you had not taken before?

- Yes
- No → If No, Go to Question 15

13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

14. 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

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### WHEN YOU LEFT THE HOSPITAL

15. 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 18

16. 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

17. 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**

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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.

18. 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

19. 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**

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20. 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

21. 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

22. 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

#### **ABOUT YOU**

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There are only a few remaining items left.

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

- Yes
- No

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

**26. 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

**27. 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

**28. 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

**29. What language do you mainly speak at home?**

- English
  - Spanish
  - Chinese
  - Russian
  - Vietnamese
  - Portuguese
  - German
  - Some other language (please print):
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Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The following questions are from VA to gather additional feedback about your hospital stay and will not be shared with HHS.

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**FURTHER QUESTIONS ABOUT  
YOUR EXPERIENCE**

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**30. During this hospital stay, how often was personal information about you treated in a confidential manner?**

- Never
- Sometimes
- Usually
- Always

**31. During this hospital stay, were providers willing to talk to your family or friends about your health or treatment?**

- Yes
- No

**32. During this hospital stay, how often did you have a hard time speaking with or understanding your doctors or other health providers because you spoke different languages?**

- Never
- Sometimes
- Usually
- Always

**33. If you could have free care outside the VA, would you choose to be hospitalized here again?**

- Definitely would not
- Probably would not
- Probably would
- Definitely would

**34. During this hospital stay, how often did healthcare providers seem informed and up-to-date about the care you got from other providers at the hospital?**

- Never
- Sometimes
- Usually
- Always

**35. Were there times when you were confused because different providers told you different things?**

- Yes, always
- Yes, sometimes
- No

**36. Did you know who to ask when you had questions about your health care?**

- Yes, always
- Yes, sometimes
- No

**37. During this hospital stay, when there was more than one choice for your treatment or health care, did providers ask which choice you thought was best for you?**

- Yes
- No

**38. During this hospital stay, did providers talk with you about the pros and cons of each choice for your treatment or health care?**

- Yes
- No

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#### **ABOUT COMMUNICATING WITH VA**

**39. Did you have a complaint about how you were treated (medically or personally) during your last hospitalization?**

- Yes
- No → Go to Question 45

**40. If you reported this complaint to someone at the VA location where you received your care, to whom did you report this complaint?**

- Treatment team → Go to Question 42
- Patient advocate → Go to Question 42
- Other VA staff → Go to Question 42
- Did not report the complaint to a VA employee

**41. If you did not report this complaint, what was the most important reason you did not report it? (Please mark only one.)**

- I didn't know where to complain
- I was afraid of what would happen if I did complain
- I thought complaining wouldn't do any good
- I wasn't sure I had the right to complain
- Other

**42. If you had a complaint, how easy was it for you to find someone to hear your complaint?**

- Very easy
- Easy
- Difficult
- Very difficult
- Not applicable

**43. If you spoke with someone at the VA location about a complaint, how satisfied were you with the way your complaint was handled?**

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Not applicable

**44. How long did it take for the VA hospital to resolve your complaint?**

- Same day
- 2-7 days
- 8-14 days
- 15-21 days
- More than 21 days
- Complaint is not resolved
- Not applicable

#### **FURTHER QUESTIONS ABOUT YOU**

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**45. What is your gender?**

- Man
- Woman
- Transgender Man
- Transgender Woman
- Non-binary
- Other

**46. Do you consider yourself to be:**

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Other
- I am not sure

**Thank you.**

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

If you have a specific question or need help with your VA care, you may contact the VA:

1. By telephone:
  - a. VA Benefits: 1-800-827-1000
  - b. Healthcare Benefits: 1-877-222-8387
  - c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of Veterans' benefits is available on our home page at <http://www.va.gov>
3. At this VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

If you have a specific question about this survey, call 1-866-594-5444.

If you have a specific question about something other than this survey, please refer to the contact options above.

**Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:**

**Department of Veterans Affairs  
c/o Ipsos  
P.O. Box 806046  
Chicago, IL 60680**

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