Adult Inpatient (IN)

INPATIENT SURVEY

INSTRUCTIONS: Please rate the services you received from our facility. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

If you can't complete the entire survey at once, you may come back to it later. Your previous responses will be saved automatically and you will be able to continue where you left off. At any point during the survey, you can clear the entire survey and start over by clicking the "Clear Survey" button.

When you have finished, please click the "Submit" button.

OMB No. 0925-0648 Expiration Date: 05/2021

Public reporting burden for this collection of information is estimated to average 5 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).

Progress 0% 100%

BACKGROUND QUESTIONS

1) Patient's first stay here

- ○ Yes
- ○ No

2) Was your admission unexpected?

- ○ Yes
- ○ No

3) Did you have a roommate?

- ○ Yes
- ○ No

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ROOM	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Courtesy of the person who cleaned your room	○	○	○	○	○
2) Room temperature	○	○	○	○	○
3) Room cleanliness	○	○	○	○	○

4) **Comments** (describe good or bad experience):

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MEALS	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Temperature of the food (cold foods cold, hot foods hot)	○	○	○	○	○
2) Quality of the food	○	○	○	○	○
3) Your rating of the food service staff	○	○	○	○	○
4) Likelihood of getting the food you checked off on the menu	○	○	○	○	○

5) **Comments** (describe good or bad experience):

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NURSES	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Nurses' attitude toward your requests	○	○	○	○	○
2) Amount of attention paid to your special or personal needs	○	○	○	○	○
3) How well the nurses kept you informed	○	○	○	○	○
4) Skill of the nurses	○	○	○	○	○

5) **Comments** (describe good or bad experience):

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DOCTORS	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Time doctors spent with you	○	○	○	○	○
2) Doctors' concern for your questions and worries	○	○	○	○	○
3) How well doctors kept you informed	○	○	○	○	○

4) **Comments** (describe good or bad experience):

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PERSONAL ISSUES	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Staff concern for your privacy	○	○	○	○	○
2) How well staff addressed your emotional needs	○	○	○	○	○
3) Response to concerns/complaints made during your stay	○	○	○	○	○
4) Staff effort to include you in decisions about your treatment	○	○	○	○	○
5) How well your pain was addressed	○	○	○	○	○

6) **Comments** (describe good or bad experience):

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OVERALL ASSESSMENT	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) How well staff worked together to care for you	○	○	○	○	○
2) Likelihood of your recommending this hospital to others	○	○	○	○	○
3) Overall rating of care given at hospital	○	○	○	○	○

4) **Comments** (describe good or bad experience):

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1) Patient's Name: (optional)

2) Telephone Number: (optional)

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