NIH National Institutes of Health
Clinical Center

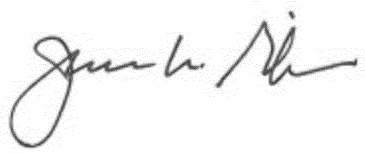
Dear Patient,

Our mission at the NIH Clinical Center is to provide our patients with the highest quality health care that we can. To accomplish this, we need to know what we are doing right and what needs improvement. We depend on our patients and their families to keep us informed.

By sharing your thoughts and feelings about your health care experience, you can help make our care better for future patients and their families. Please take a few minutes to complete the following patient experience survey. If you choose not to participate, this will not affect your care.

Thank you for your participation.

Sincerely,



James K. Gilman, M.D.
Chief Executive Officer
NIH Clinical Center

National Institutes of Health
Clinical Center

INPATIENT SURVEY

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

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

BACKGROUND QUESTIONS

1. Date of admission:

   ☐☐ / ☐☐ / ☐☐☐☐
   month day year

2. Date of discharge:

   ☐☐ / ☐☐ / ☐☐☐☐
   month day year

3. Who is completing this survey? **(select one only)**
   - ○ Patient
   - ○ Friend
   - ○ Legal Guardian
   - ○ Spouse
   - ○ Family Member
   - ○ Other _____ (specify)

4. Location:
   - ○ 1SE
   - ○ 7SE

5. Protocol #

   ☐☐☐☐☐☐

INSTRUCTIONS: Please rate the services you received from our facility. <u>Select the response</u> 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.

Please use black or blue ink to fill in the circle completely.
Example: ●

YOUR CARE

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Staff's concern for your privacy	○	○	○	○	○
2. How well the staff showed concern for your emotional needs	○	○	○	○	○
3. Your feeling of safety on the unit	○	○	○	○	○
4. Staff's efforts to include you in decisions about your care	○	○	○	○	○
5. Response to your concerns and complaints	○	○	○	○	○

Comments (describe good or bad experience):_____

NURSES

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy and respect of the nurses	○	○	○	○	○
2. Helpfulness of the nurses	○	○	○	○	○
3. Nurses' promptness in responding to your requests	○	○	○	○	○

Comments (describe good or bad experience):_____

continued...

CARE PROVIDERS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy and respect of the care providers	○	○	○	○	○
2. Helpfulness of time spent with the care providers	○	○	○	○	○
3. Information provided by the care providers about your condition	○	○	○	○	○

YOUR CARE PROVIDERS ARE THE PEOPLE WHO ADDRESSED YOUR MEDICAL NEEDS INCLUDING ANY PRESCRIPTIONS FOR MEDICATIONS. YOUR CARE PROVIDERS MAY HAVE BEEN PSYCHIATRISTS, MEDICAL DOCTORS, PHYSICIAN ASSISTANTS (PAs), OR NURSE PRACTITIONERS (NPs). PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THESE HEALTH CARE PROVIDERS IN MIND.

Comments (describe good or bad experience):_____

PROGRAM ACTIVITIES

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Helpfulness of group therapy sessions	○	○	○	○	○
2. Helpfulness of social/recreational activities	○	○	○	○	○

Comments (describe good or bad experience):_____

MEALS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Quality of the food	○	○	○	○	○

Comments (describe good or bad experience):_____

DISCHARGE

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Understanding of your medication instructions at discharge	○	○	○	○	○
2. Information provided about your care after discharge	○	○	○	○	○
3. Instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.)	○	○	○	○	○

Comments (describe good or bad experience):_____

OVERALL ASSESSMENT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the staff worked together to care for you	○	○	○	○	○
2. Overall rating of care given at this facility	○	○	○	○	○
3. Likelihood of your recommending this facility to others	○	○	○	○	○

Comments (describe good or bad experience):_____

Patient's Name: (optional)_____

Telephone Number: (optional)_____

PRESS GANEY®

1234567890-1-1