

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





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INPATIENT SURVEY

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). Do not return the completed form to this address.

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: | Who is completing this survey? (fill in one circle only) |
| | O Patient |
| month day year | O Friend O Legal Guardian |
| , | O Spouse |
| | O Family Member |
| | O Other |
| | (specify) |
| | 4. Location: |
| | O 1SW |
| 2. Date of discharge: | |
| | 5. Protocol # |
| month day year | |
| | |

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

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

| | | | poor | | very good good | |
|----|------------------------------------------------------------------------------------|---|------|---|-------------------|---|
| YC | OUR CHILD'S CARE | | 2 | | | |
| 1. | Staff's concern for your child's privacy | 0 | 0 | 0 | 0 | 0 |
| 2. | How well the staff showed concern for your child's emotional needs | 0 | 0 | 0 | 0 | 0 |
| 3. | Your child's feeling of safety on the unit | 0 | 0 | 0 | 0 | 0 |
| 4. | Staff's efforts to include you and your child in decisions about your child's care | 0 | 0 | 0 | 0 | 0 |
| 5. | Response to your concerns and complaints | 0 | 0 | 0 | 0 | 0 |

| UR CHILD'S CARE (continued) | | poor 2 | fair 3 | good 4 | good 5 |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Degree to which staff asked if your child had any physical pain | | 0 | 0 | 0 | 0 |
| ents (describe good or bad experience): | | | | | |
| | very | | 6 -:- | | very |
| RSES | poor 1 | 2 | 3 | good 4 | 9000 5 |
| | 0 | 0 | 0 | 0 | 0 |
| Helpfulness of the nurses | 0 | 0 | 0 | 0 | 0 |
| Nurses' promptness in responding to your child's requests | 0 | 0 | 0 | 0 | 0 |
| ents (describe good or bad experience): | | | | | |
| | | | | | very |
| RE PROVIDERS | poor 1 | | | 9 | good 5 |
| Helpfulness of time your child spent with the care providersnformation provided by the care providers about your child's condition | | | 0 | 0 | 0 |
| ents (describe good or bad experience): | | 0 | 0 | 0 | 0 |
| ents (describe good or bad experience): | very | | NATION AND ADMINISTRATION OF THE PROPERTY OF T | | Very |
| ents (describe good or bad experience): OGRAM ACTIVITIES | very | | NATION AND ADMINISTRATION OF THE PROPERTY OF T | | Very |
| OGRAM ACTIVITIES | very poor 1 | poor | fair | good | very |
| | very poor 1 | poor 2 | fair 3 | good 4 | very good 5 |
| OGRAM ACTIVITIES Helpfulness of group therapy sessions | very poor 1 O | poor 2 O O | fair 3 | good 4 | very good 5 |
| DGRAM ACTIVITIES Helpfulness of group therapy sessions | very poor 1 O | poor 2 O O | fair 3 O | good 4 | veryy good |
| OGRAM ACTIVITIES Helpfulness of group therapy sessions | very poor 1 very poor 1 | poor 2 O O | fair 3 | good 4 | veryy good 5 |
| | RSES Courtesy and respect of the nurses Helpfulness of the nurses in responding to your child's requests Hents (describe good or bad experience): REPROVIDERS CHILD'S CARE PROVIDERS CHILD'S CARE PROVIDERS ARE THE PEOPLE WHO ADDRESSED THEIR MEDICAL RIPTIONS FOR MEDICATIONS. YOUR CHILD'S CARE PROVIDERS MAY HAVE BEEN AL DOCTORS, PHYSICIAN ASSISTANTS (PAS), OR NURSE PRACTITIONERS (NPs). WING QUESTIONS WITH THESE HEALTH CARE PROVIDERS IN MIND. Courtesy and respect of the care providers Helpfulness of time your child spent with the care providers | very poor RSES Courtesy and respect of the nurses Helpfulness of the nurses Outresy in responding to your child's requests Fight (describe good or bad experience): REPROVIDERS CHILD'S CARE PROVIDERS CHILD'S CARE PROVIDERS ARE THE PEOPLE WHO ADDRESSED THEIR MEDICAL NEEDS RIPTIONS FOR MEDICATIONS, YOUR CHILD'S CARE PROVIDERS MAY HAVE BEEN PSYCOAL DOCTORS, PHYSICIAN ASSISTANTS (PAS), OR NURSE PRACTITIONERS (NPs). PLEAS WING QUESTIONS WITH THESE HEALTH CARE PROVIDERS IN MIND. Courtesy and respect of the care providers OHEIPfulness of time your child spent with the care providers | RSES Courtesy and respect of the nurses Helpfulness of the nurses Nurses' promptness in responding to your child's requests REPROVIDERS CHILD'S CARE PROVIDERS CHILD'S CARE PROVIDERS ARE THE PEOPLE WHO ADDRESSED THEIR MEDICAL NEEDS INCIRCUPATIONS FOR MEDICATIONS. YOUR CHILD'S CARE PROVIDERS MAY HAVE BEEN PSYCHIATION ALD OCTORS, PHYSICIAN ASSISTANTS (PAs), OR NURSE PRACTITIONERS (NPs). PLEASE ANSWING QUESTIONS WITH THESE HEALTH CARE PROVIDERS IN MIND. Courtesy and respect of the care providers OVERNO PROVIDERS OVERNO PROVIDERS 1 2 COURTEST ON THE MEDICAL NEEDS INCIRCUPATION ASSISTANTS (PAs), OR NURSE PRACTITIONERS (NPs). PLEASE ANSWING QUESTIONS WITH THESE HEALTH CARE PROVIDERS IN MIND. COURTESY and respect of the care providers | RSES Courtesy and respect of the nurses Helpfulness of the nurses Nurses' promptness in responding to your child's requests REPROVIDERS REPROVIDERS CHILD'S CARE PROVIDERS ARE THE PEOPLE WHO ADDRESSED THEIR MEDICAL NEEDS INCLUDING RIPTIONS FOR MEDICATIONS. YOUR CHILD'S CARE PROVIDERS MAY HAVE BEEN PSYCHIATRIST AL DOCTORS, PHYSICIAN ASSISTANTS (PAS), OR NURSE PRACTITIONERS (NPs). PLEASE ANSWEWING QUESTIONS WITH THESE HEALTH CARE PROVIDERS IN MIND. Courtesy and respect of the care providers O O O O O O O O O O O O O O O O O O | RSES Courtesy and respect of the nurses Provided to the nurses of the |



DISCHARGE 1 2 3 4 0 0 0 0 0 Understanding of your child's medication instructions at discharge 2. Information provided about your child's care after discharge O O O O 3. Instructions on what to do if your child needs help after discharge (when to seek help, whom to call, etc.) **Comments** (describe good or bad experience): poor poor fair good good **OVERALL ASSESSMENT** 1. How well the staff worked together to care for your child O O O O 2. Overall rating of care given at this facility O O O O 3. Likelihood of your recommending this facility to others O O **Comments** (describe good or bad experience): Patient's Name: (optional) Parent or Guardian's Name: (optional)_ Telephone Number: (optional)

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