NIH National Institutes of Health
Clinical Center

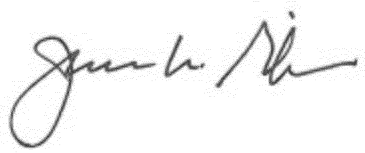
Dear Patient,

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? **(fill in one circle only)**
   - ○ Patient
   - ○ Friend
   - ○ Legal Guardian
   - ○ Spouse
   - ○ Family Member
   - ○ Other _____ (specify)

4. Location:
   - ○ 1SW

5. Protocol #

   ☐☐☐☐☐☐

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 bad things that may have happened to your child.

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

YOUR CHILD'S CARE

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

this section continued on next page...

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YOUR CHILD'S CARE (...continued)

	very poor 1	poor 2	fair 3	good 4	very good 5
6. Degree to which staff asked if your child had any physical pain	○	○	○	○	○

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 child's requests	○	○	○	○	○

Comments (describe good or bad experience):_____

CARE PROVIDERS

YOUR CHILD'S CARE PROVIDERS ARE THE PEOPLE WHO ADDRESSED THEIR MEDICAL NEEDS INCLUDING ANY PRESCRIPTIONS FOR MEDICATIONS. YOUR CHILD'S 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.

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

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):_____

continued...

DISCHARGE

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Understanding of your child's medication instructions at discharge	○	○	○	○	○
2. Information provided about your child's care after discharge	○	○	○	○	○
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):_____

OVERALL ASSESSMENT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the staff worked together to care for your child	○	○	○	○	○
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)_____

Parent or Guardian's Name: (optional)_____

Telephone Number: (optional)_____

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