



INPATIENT PEDIATRIC SURVEY

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

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) Did your child have a roommate?

- Yes
 No

3) Did a parent or guardian stay overnight?

- Yes
 No

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YOUR CHILD'S ROOM	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Room cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Courtesy of the person who cleaned the room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Temperature of room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Comments (describe good or bad experience):	<input type="text"/>				

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MEALS	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Quality of the food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Availability of the kind of food your child likes to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Courtesy of the person who served your child's food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Comments (describe good or bad experience):	<input type="text"/>				

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MEALS	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 6
1) Quality of the food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Availability of the kind of food your child likes to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Courtesy of the person who served your child's food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Comments (describe good or bad experience):	<input type="text"/>				

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NURSES	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Nurses' attitude toward requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Amount of attention paid to you/your child's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) How well the nurses kept you/your child informed using words you could understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Degree to which staff washed their hands before examining/caring for your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Comments (describe good or bad experience):	<input type="text"/>				

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DOCTORS	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Time the doctors spent with your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) How well the doctors kept you/your child informed using words you could understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Doctors' concern for your/your child's questions and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Comments (describe good or bad experience):	<div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>				

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DISCHARGE	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) How prepared you felt to have your child discharged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Instructions given about how to care for your child at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Comments (describe good or bad experience):	<input type="text"/>				

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PERSONAL ISSUES	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 6
1) Care team's concern for your/your child's privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Response to concerns/complaints made during your child's stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Care team's efforts to include you in decisions about your child's care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) How well your child's pain was addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Comments (describe good or bad experience):	<input type="text"/>				

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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Overall rating of care given at this hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Likelihood of your recommending this hospital to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Comments (describe good or bad experience):	<input type="text"/>				

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1) Patient's Name: (optional)

2) Parent's or Guardian's Name: (optional)

3) Telephone Number: (optional)

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Submit