

Pediatric Inpatient (PD)



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: 06/2024

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).

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INPATIENT PEDIATRIC SURVEY

0%

BACKGROUND QUESTIONS

Patient's first stay here

- Yes
- No

Did your child have a roommate?

- Yes
- No

Did a parent or guardian stay overnight?

- Yes
- No



INPATIENT PEDIATRIC SURVEY

12%

YOUR CHILD'S ROOM

Room cleanliness

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Courtesy of the person who cleaned the room

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Temperature of room

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





INPATIENT PEDIATRIC SURVEY

23%

MEALS

Quality of the food

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Availability of the kind of food your child likes to eat

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Courtesy of the person who served your child's food

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



INPATIENT PEDIATRIC SURVEY

34%

NURSES

Nurses' attitude toward requests

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Amount of attention paid to you/your child's needs

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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How well the nurses kept you/your child informed using words you could understand

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Degree to which staff washed their hands before examining/caring for your child

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





INPATIENT PEDIATRIC SURVEY

45%

DOCTORS

Time the doctors spent with your child

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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How well the doctors kept you/your child informed using words you could understand

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Doctors' concern for your/your child's questions and worries

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





INPATIENT PEDIATRIC SURVEY

56%

DISCHARGE

How prepared you felt to have your child discharged

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Instructions given about how to care for your child at home

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





INPATIENT PEDIATRIC SURVEY

67%

PERSONAL ISSUES

Care team's concern for your/your child's privacy

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Response to concerns/complaints made during your child's stay

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Care team's efforts to include you in decisions about your child's care

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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How well your child's pain was addressed

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



INPATIENT PEDIATRIC SURVEY

78%

OVERALL ASSESSMENT

How well the staff worked together to care for your child

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Overall rating of care given at this hospital

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Likelihood of your recommending this hospital to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





INPATIENT PEDIATRIC SURVEY

89%

Patient's Name: (optional)

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

Telephone Number: (optional)

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