

Pediatric Inpatient Behavioral Health (PY0102)



Dear {FIRST_NAME} {LAST_NAME}, or parent or guardian of:

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 on {DISDATE}, 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,

A handwritten signature in black ink, appearing to read 'James K. Gilman'.

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

[Start Survey](#)



INSTRUCTIONS: Please rate the **services** you received from **our facility**. Select the response 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.

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).

[Continue](#)

INPATIENT SURVEY

0%

YOUR CHILD'S CARE

Staff's concern for your child's privacy

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

How well the staff showed concern for your child's emotional needs

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Your child's feeling of safety on the unit

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Staff's efforts to include you and your child in decisions about your child's care

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Response to your concerns and complaints

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Degree to which staff asked if your child had any physical pain

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Comments (describe good or bad experience):

INPATIENT SURVEY

13%

NURSES

Courtesy and respect of the nurses

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Helpfulness of the nurses

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Nurses' promptness in responding to your child's requests

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Comments (describe good or bad experience):

INPATIENT SURVEY

25%

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.

Courtesy and respect of the care providers

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Helpfulness of time your child spent with the care providers

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Information provided by the care providers about your child's condition

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Comments (describe good or bad experience):

INPATIENT SURVEY

75%

OVERALL ASSESSMENT

How well the staff worked together to care for you

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Overall rating of care given at this facility

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Likelihood of your recommending this facility to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Comments (describe good or bad experience):

INPATIENT SURVEY

38%

PROGRAM ACTIVITIES

Helpfulness of group therapy sessions

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Helpfulness of social/recreational activities

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Comments (describe good or bad experience):

INPATIENT SURVEY

50%

MEALS

Quality of the food

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Comments (describe good or bad experience):

INPATIENT SURVEY

63%

DISCHARGE

Understanding of your child's medication instructions at discharge

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Information provided about your child's care after discharge

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Instructions on what to do if your child needs help after discharge (when to seek help, whom to call, etc.)

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Comments (describe good or bad experience):

INPATIENT SURVEY

75%

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
----------------	-----------	-----------	-----------	----------------

Overall rating of care given at this facility

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Likelihood of your recommending this facility to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Comments (describe good or bad experience):

INPATIENT SURVEY

88%

Patient's Name: (optional)

Parent or Guardian's Name: (optional)

Telephone Number: (optional)