|  |  |  |
| --- | --- | --- |
|  | **Inpatient Satisfaction Survey** |  |

**Survey Instructions**

* **You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.**
* **Answer all the questions by checking the box to the left of your answer.**
* **You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:**

🞏 **Yes**

**🗹 No 🡪 If No, Go to Question 1**

|  |
| --- |
| OMB CONTROL NUMBER: XXXX-XXXX  OMB EXPIRATION DATE: XX/XX/XXXX  **AGENCY DISCLOSURE NOTICE**  The public reporting burden for this collection of information, [Insert OMB Control Number], is estimated to average 7 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. |

|  |
| --- |
| You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.  Please note: Questions 1-29 in this survey are part of a national initiative to measure the quality of care in hospitals. |

***Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.***

# **YOUR CARE FROM NURSES**

1. **During this hospital stay, how often did nurses treat you with courtesy and respect?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **During this hospital stay, how often did nurses listen carefully to you?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **During this hospital stay, how often did nurses explain things in a way you could understand?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

🞏I never pressed the call button

# **YOUR CARE FROM DOCTORS**

1. **During this hospital stay, how often did doctors treat you with courtesy and respect?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **During this hospital stay, how often did doctors listen carefully to you?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **During this hospital stay, how often did doctors explain things in a way you could understand?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

# **THE HOSPITAL ENVIrONMENT**

1. **During this hospital stay, how often were your room and bathroom kept clean?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **During this hospital stay, how often was the area around your room quiet at night?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

# **YOUR EXPERIENCES IN THIS HOSPITAL**

1. **During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?**

🞏Yes

🞏No **🡪 If No, Go to Question 12**

1. **How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **During this hospital stay, were you given any medicine that you had not taken before?**

🞏Yes

🞏No **🡪 If No, Go to Question 15**

1. **Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

# **WHEN YOU LEFT THE HOSPITAL**

1. **After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility?**

🞏Own home

🞏Someone else’s home

🞏Another health facility 🡪 **If Another, Go to   
Question 18**

1. **During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?**

🞏Yes

🞏No

1. **During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?**

🞏Yes

🞏No

# **OVERALL RATING OF HOSPITAL**

***Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.***

1. **Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?**

🞏0 Worst hospital possible

🞏1

🞏2

🞏3

🞏4

🞏5

🞏6

🞏7

🞏8

🞏9

🞏10 Best hospital possible

1. **Would you recommend this hospital to your friends and family?**

🞏Definitely no

🞏Probably no

🞏Probably yes

🞏Definitely yes

# **UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL**

1. **During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.**

🞏Strongly disagree

🞏Disagree

🞏Agree

🞏Strongly agree

1. **When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.**

🞏Strongly disagree

🞏Disagree

🞏Agree

🞏Strongly agree

1. **When I left the hospital, I clearly understood the purpose for taking each of my medications.**

🞏Strongly disagree

🞏Disagree

🞏Agree

🞏Strongly agree

🞏I was not given any medication when I left the hospital

# **About YOU**

***There are only a few remaining items left.***

1. **During this hospital stay, were you admitted to this hospital through the Emergency Room?**

🞏Yes

🞏No

1. **In general, how would you rate your overall health?**

🞏Excellent

🞏Very good

🞏Good

🞏Fair

🞏Poor

1. **In general, how would you rate your overall mental or emotional health?**

🞏Excellent

🞏Very good

🞏Good

🞏Fair

🞏Poor

1. **What is the highest grade or level of school that you have completed?**

🞏8th grade or less

🞏Some high school, but did not graduate

🞏High school graduate or GED

🞏Some college or 2-year degree

🞏4-year college graduate

🞏More than 4-year college degree

1. **Are you of Spanish, Hispanic or Latino origin or descent?**

🞏No, not Spanish/Hispanic/Latino

🞏Yes, Puerto Rican

🞏Yes, Mexican, Mexican American, Chicano

🞏Yes, Cuban

🞏Yes, other Spanish/Hispanic/Latino

1. **What is your race? Please choose one or more.**

🞏White

🞏Black or African American

🞏Asian

🞏Native Hawaiian or other Pacific Islander

🞏American Indian or Alaska Native

1. **What language do you mainly speak at home?**

🞏English

🞏Spanish

🞏Chinese

🞏Russian

🞏Vietnamese

🞏Portuguese

🞏 German

🞏 Tagalog

🞏 Arabic

🞏Some other language (please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The following questions are from the Department of Defense to gather additional feedback about your hospital stay and will not be shared with HHS.***

# **YOUR HEALTH CARE**

***This next set of questions is to provide the hospital additional feedback about your hospital stay.***

1. **During this hospital stay, when doctors, nurses or other hospital staff first came to your room, how often did they introduce themselves?**

🞏Never

🞏Sometimes

🞏Usually

🞏Always

1. **After discharge did you receive a phone call from a hospital staff member regarding your recovery at home?**

🞏Yes

🞏No

1. **For this stay, were you admitted to the hospital for childbirth (including C-section)?**

🞏Yes

🞏No **🡪 If No, Go to Question 35**

# **CHILDBIRTH**

1. **If you were just beginning your pregnancy, and you had a choice, would you use the same hospital for your OB care?**

🞏Yes

🞏No

🞏Not sure

1. **Were you offered education or support about breastfeeding while in the hospital?**

🞏Yes

🞏No

# **NURSING CARE**

1. **How often did nursing staff come into your room to check on you during the day (rounding)?**

🞏Every hour

🞏Every two hours

🞏Every few hours

🞏A couple times a day

1. **Did a nurse leader visit you during your stay?**

🞏Yes

🞏No

1. **At shift change did the nurses include you in their conversation regarding your plan of care?**

🞏Yes

🞏No

1. **Using any number from 0 to 10, where 0 is the worst nursing care possible and 10 is the best nursing care possible, what number would you use to rate the care you received during your stay?**

🞏0 Worst nursing care possible

🞏1

🞏2

🞏3

🞏4

🞏5

🞏6

🞏7

🞏8

🞏9

🞏10 Best nursing care possible

# **Nutrition**

1. **Please rate the variety of food options.**

🞏Excellent

🞏Very good

🞏Good

🞏Fair

🞏Poor

🞏Does not apply

1. **Please rate the temperature of the food served.**

🞏Excellent

🞏Very good

🞏Good

🞏Fair

🞏Poor

🞏Does not apply

# **COMMENT**

***Please think about your stay at the hospital named on the cover letter. Please answer this additional question about that stay. Do not include personally identifiable information.***

1. **What could we have done to improve this hospital stay?**

|  |
| --- |
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|  | |
|  | |

THANK YOU

Please return the complete survey in the postage-paid envelope.

TRICARE Inpatient Satisfaction Survey, c/o Survey Processing

Center/IPSOS, PO Box 5030, Chicago, IL 60680-9858

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