

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
2. During this hospital stay, how often did nurses listen carefully to you?
 Never
 Sometimes
 Usually
 Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always
4. 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

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always
6. During this hospital stay, how often did doctors listen carefully to you?
 Never
 Sometimes
 Usually
 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
 Never
 Sometimes
 Usually

- Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- Never
 Sometimes
 Usually
 Always
9. During this hospital stay, how often was the area around your room quiet at night?
- Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. 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
11. 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
12. During this hospital stay, were you given any medicine that you had not taken before?
- Yes
 No → If No, Go to Question 15
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Never
 Sometimes
 Usually
 Always
14. 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

15. 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

16. 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

17. 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.

18. 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

19. 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

20. 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

21. 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

22. 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.

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

- Yes
- No

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

26. 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

27. 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

28. 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

29. 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.

30. 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

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

- Yes
 No

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

- Yes
 No -> If No, Go to Question 35

CHILDBIRTH

33. 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

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

- Yes
 No

NURSING CARE

35. 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

36. Did a nurse leader visit you during your stay?

- Yes
 No

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

- Yes
 No

38. 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

39. Please rate the variety of food options.

- Excellent
 Very good
 Good
 Fair
 Poor
 Does not apply

40. 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.

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

Four horizontal lines for handwritten input.

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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