

# Draft Hospital Experience Survey

Survey content subject to pending rulemaking August 2024

## SURVEY INSTRUCTIONS

- ◆ This survey asks about you and the care you received during the hospital stay named in the cover letter.
- ◆ 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*

**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 1-32 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires **TBD**)**

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

### YOUR CARE FROM DOCTORS

4. During this hospital stay, how often did doctors treat you with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

### THE HOSPITAL ENVIRONMENT

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

- Never
- Sometimes
- Usually
- Always

8. During this hospital stay, how often were you able to get the rest you needed?

- 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 CARE IN THIS HOSPITAL

10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?

- Never
- Sometimes
- Usually
- Always

11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?

- Never
- Sometimes
- Usually
- Always

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

- <sup>1</sup>  Yes
- <sup>2</sup>  No → If No, Go to Question 14

13. 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

14. During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?

- Never
- Sometimes
- Usually
- Always
- I never asked for help right away

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

- Yes
- No → If No, Go to Question 18

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

- Never
- Sometimes
- Usually
- Always

17. 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

18. During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?

- Yes, definitely
- Yes, somewhat
- No

## LEAVING THE HOSPITAL

19. Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?

- Yes, definitely
- Yes, somewhat
- No

20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?

- Yes, definitely
- Yes, somewhat
- No
- I did not have family or a caregiver watch for symptoms or health problems

21. When 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 24

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

- Yes
- No

23. 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.

24. 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

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

- Definitely no
- Probably no
- Probably yes
- Definitely yes

### ABOUT YOU

There are only a few remaining items left.

26. Was this hospital stay planned in advance?

- Yes, definitely
- Yes, somewhat
- No

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

29. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Another language

**30. 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

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

- No, not Spanish/Hispanic/Latino
- Yes, Cuban
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

*NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).*

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**THANK YOU**

**Please return the completed survey in the postage-paid envelope.**

**[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

**[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

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