

ATTACHMENT C

HCAHPS CATI Script (English)

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HCAHPS

DRAFT Phone Script (English)

Survey content subject to pending rulemaking August 2024

Script Conventions and Programming Instructions

Formatting and Programming

- *[Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens*
- *Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen*
- *No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories*
- *All transitional phrases must be read*
- *Text that is underlined must be emphasized*
- *Characters in < > brackets must not be read*
- *All questions are programmed to accept only one response, with the exception of Question 32*
- *Response categories must not be pre-coded or default coded*
- *MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system script; however, this option must not be read out loud to the patient. MISSING/DK response categories allow the phone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."*
- *Skip patterns should be programmed into the electronic telephone interviewing system*
 - *Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.*
 - *When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 12, then the telephone interviewing system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.*

HCAHPS Survey Questions:

- *The phone introduction script and HCAHPS questions must be read verbatim*
- *It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)*
- *All text that appears in lowercase letters must be read out loud*
- *Text in UPPERCASE letters must not be read out loud*
 - *However, YES and NO response categories are to be read if necessary*

Supplemental Items:

- *The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8”*
- *If hospital-specific supplemental question(s) are added, the mandatory transition statement must be read immediately before the supplemental question(s)*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
 - *If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”*
 - *If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”*
 - *If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”*

Note: See Phone Only Survey Administration Chapter for all guidelines on the use of supplemental items.

Proxy Respondents:

- *In the event that a sampled patient is unable to begin or complete the interview themselves, the interview may be conducted with a proxy if the following conditions apply:*
 - *The sampled patient proactively requests that a proxy answer the survey*
 - *The interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey*
 - *The interviewer obtains permission from the patient to interview the proxy*
 - *The proxy agrees to complete the HCAHPS Survey on behalf of the patient*
 - *either during the current call attempt*
 - *or at another time as designated by the proxy*
 - *The patient need not be present when the interview with the proxy is conducted*
- *If the interviewer is unable to speak to the patient directly in order to identify a proxy respondent and obtain the patient’s permission to do the interview for them, the interviewer must not proceed with the interview*
- *A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient*

See Appendix W Interviewing Guidelines for further phone interviewing techniques and guidance, including refusal avoidance and probing.

INITIATING CONTACT

START Hello, may I please speak to [SAMPLED PATIENT NAME]?

OPTIONAL START:

Hello, my name is [INTERVIEWER NAME], may I please speak to [SAMPLED PATIENT NAME]?

<1> YES [GO TO INTRO]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about healthcare. Is [SAMPLED PATIENT NAME] available?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:

Yes, but I need to speak with [SAMPLED PATIENT NAME] to obtain their permission.

IF THE SAMPLED PATIENT IS NOT AVAILABLE:

Can you tell me a convenient time to call back to speak with them?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:

If you don't have the time now, when is a more convenient time to call you back?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR.":

I would like to speak with [PATIENT NAME] who is approximately [AGE RANGE]. Is that person available?

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN THEY PICK UP.

SPEAKING WITH SAMPLED PATIENT

INTRO Hello, this is [INTERVIEWER NAME], calling (OPTIONAL TO STATE from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care.

Participation in the survey is completely voluntary and your answers will be kept private. It should take about [NUMBER] minutes to complete. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:

I'd like to begin the survey now, is this a good time for us to continue?

- <1> SPEAKING WITH SAMPLED PATIENT [GO TO S1]
- <2> [REFUSAL]
- <3> NOT AVAILABLE RIGHT NOW [SET CALLBACK]
- <4> PATIENT NEEDS HELP WITH THE SURVEY [GO TO PROXY1]
- <5> PATIENT INDICATES PROXY BY NAME OR RELATIONSHIP [GO TO PROXY2]

IF IT BECOMES CLEAR THAT THE PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND CANNOT COMPLETE THE PHONE INTERVIEW THEMSELV OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE PATIENT CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. SELECT OPTION 4/GO TO PROXY1.

CONFIRMING USE OF PROXY

PROXY1 If you need help in completing this survey, you can have someone help you or do the survey for you. This person should be able to accurately answer questions about this hospital stay.

Is there someone who could help you answer the survey, or who could do the survey for you?

- <1> PATIENT WANTS HELP TO RESPOND OR PROXY TO ANSWER SURVEY ON BEHALF OF PATIENT [GO TO PROXY2]
- <2> NO [REFUSAL]

PROXY2 What is the name of the person who can help you? [COLLECT NAME OF THE PROXY AND PHONE NUMBER, IF NECESSARY]

<ENTER NAME AND PHONE NUMBER, IF APPLICABLE>:

Is that person available to come to the phone now?

- <1> YES [GO TO PROXY_INTRO]
- <2> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

SPEAKING WITH PROXY

PROXY_INTRO

Hello, this is [INTERVIEWER NAME], calling (optional to state from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. [SAMPLED PATIENT NAME] has given permission for you to answer this interview on their behalf. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care.

Participation in the survey is completely voluntary and your answers will be kept private. It should take about [NUMBER] minutes to complete. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:

I'd like to begin the survey now, is this a good time for us to continue?

- <1> SPEAKING WITH PROXY [GO TO S1]
- <2> [REFUSAL]
- <3> NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

**CALL BACK TO COMPLETE A SURVEY PREVIOUSLY STARTED WITH THE
SAMPLED PATIENT/PROXY**

RESUME Hello, may I please speak to [SAMPLED PATIENT/PROXY NAME]?

OPTIONAL START:

Hello, my name is [INTERVIEWER NAME], may I please speak to [SAMPLED PATIENT/PROXY NAME]?

<1> YES [GO TO CONFIRM PATIENT/GO TO CONFIRM PROXY]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. Is [SAMPLED PATIENT/PROXY NAME] available to complete a survey that they started at an earlier date?

CONFIRM PATIENT/PROXY FOR A PREVIOUSLY STARTED SURVEY:

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT/PROXY NAME]. I am calling to continue the survey started on an earlier date. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

CONFIRM PATIENT/PROXY FOR A CALL BACK:

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT/PROXY NAME]. I am calling back at the time you requested to take the survey.

CONFIRMING DISCHARGE DATE

S1 IF SPEAKING WITH SAMPLED PATIENT:
Our records show that you were discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

IF SPEAKING WITH PROXY:
Our records show that [SAMPLED PATIENT NAME] was discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES [GO TO Q1_INTRO]
- <2> NO [GO TO INEL1]
- <3> DON'T KNOW [GO TO INEL1]
- <4> REFUSAL [GO TO INEL1]

CONFIRMING INELIGIBLE PATIENTS

INEL1 IF SPEAKING WITH SAMPLED PATIENT:
Were you ever at this hospital?

IF SPEAKING WITH PROXY:
Was [SAMPLED PATIENT NAME] ever at this hospital?

- <1> YES [GO TO INEL2]
- <2> NO [GO TO INEL_END]

INEL2 IF SPEAKING WITH SAMPLED PATIENT:
Were you a patient at this hospital in the last year?

IF SPEAKING WITH PROXY:
Was [SAMPLED PATIENT NAME] a patient at this hospital in the last year?

- <1> YES [GO TO INEL3]
- <2> NO [GO TO INEL_END]

INEL3 When was this?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

BEGIN HCAHPS QUESTIONS

Q1_INTRO IF SPEAKING WITH SAMPLED PATIENT:
Please answer the questions in this survey about this stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care you received from nurses during this hospital stay.

IF SPEAKING WITH PROXY:
As you answer the questions in this interview, please remember that you are answering the questions for [SAMPLED PATIENT NAME] and their stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care received from nurses during this hospital stay.

BE PREPARED TO PROBE IF THE PATIENT OR PROXY ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT OR PROXY.

Q1 During this hospital stay, how often did nurses treat you with courtesy and respect?
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

- <M> MISSING/DK

Q2 During this hospital stay, how often did nurses listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

- <M> MISSING/DK

Q3 During this hospital stay, how often did nurses explain things in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q4_INTRO The next questions are about the care you received from doctors during this hospital stay.

Q4 During this hospital stay, how often did doctors treat you with courtesy and respect? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q5 During this hospital stay, how often did doctors listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q6 During this hospital stay, how often did doctors explain things in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q7_INTRO The next set of questions is about the hospital environment.

Q7 During this hospital stay, how often were your room and bathroom kept clean?
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q8 During this hospital stay, how often were you able to get the rest you needed?
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q9 During this hospital stay, how often was the area around your room quiet at night?
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q10_INTRO The next questions are about your care in this hospital.

Q10 During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q11 During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q12 During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q14]

<M> MISSING/DK [GO TO Q14]

Q13 How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "MISSING/DK"]

Q14 During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually,
- <4> Always, or
- <9> I never asked for help right away?

<M> MISSING/DK

Q15 During this hospital stay, were you given any medicine that you had not taken before?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q18]
- <M> MISSING/DK [GO TO Q18]

Q16 Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?
- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17 Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?
- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18 During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?
- <M> MISSING/DK

Q19_INTRO The next questions are about when you left the hospital.

Q19 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? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?

- <M> MISSING/DK

Q20 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? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat,
- <3> No, or
- <9> I did not have family or a caregiver watch for symptoms or health problems?

- <M> MISSING/DK

Q21 When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY *IF NECESSARY*

- <1> OWN HOME
- <2> SOMEONE ELSE'S HOME
- <3> ANOTHER HEALTH FACILITY [GO TO Q24]

- <M> MISSING/DK [GO TO Q24]

Q22 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?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO

- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q22 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q22 = "M - MISSING/DK"]

Q23 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?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q23 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q23 = "M - MISSING/DK"]

Q24 We want to know your overall rating of your stay at [HOSPITAL NAME]. This is the stay that ended around [DISCHARGE DATE (mm/dd/yyyy)]. Please do not include any other hospital stays in your answer.

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?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: "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> 0

<1> 1

<2> 2

<3> 3

<4> 4

<5> 5

<6> 6

<7> 7

<8> 8

<9> 9

<10> 10

<M> MISSING/DK

Q25 Would you recommend this hospital to your friends and family? Would you say...

<1> Definitely no,
<2> Probably no,
<3> Probably yes, or
<4> Definitely yes?

<M> MISSING/DK

Q26_INTRO This next set of questions is about you. (IF SPEAKING WITH PROXY: Please keep in mind that you are answering the questions on behalf of the patient.)

Q26 Was this hospital stay planned in advance? Would you say...

<1> Yes, definitely,
<2> Yes, somewhat, or
<3> No?

<M> MISSING/DK

Q27 In general, how would you rate your overall health? Would you say that it is...

<1> Excellent,
<2> Very good,
<3> Good,
<4> Fair, or
<5> Poor?

<M> MISSING/DK

Q28 In general, how would you rate your overall mental or emotional health? Would you say that it is...

<1> Excellent,
<2> Very good,
<3> Good,
<4> Fair, or
<5> Poor?

<M> MISSING/DK

Q29 What language do you mainly speak at home?

READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT PROVIDES A RESPONSE: Would you say that you mainly speak...

- <1> English,
- <2> Spanish,
- <3> Chinese, or
- <20> Another language?

<M> MISSING/DK [GO TO END]

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE:
Would you say that you mainly speak [LANGUAGE A] or [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN CODE AS 1 – ENGLISH.

Q30 What is the highest grade or level of school that you have completed? Please listen to all six response choices before you answer. Did you...

- <1> Complete the 8th grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than a 4-year college degree?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS 4. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THEY HAVE A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q31 Are you of Spanish, Hispanic or Latino origin?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<X> YES

<1> NO

<M> MISSING/DK

IF YES: Would you say you are... (READ ALL RESPONSE CHOICES)

<2> Cuban,

<3> Mexican, Mexican American, Chicano,

<4> Puerto Rican, or

<5> Other Spanish/Hispanic/Latino?

<M> MISSING/DK

[FOR PHONE INTERVIEWING, QUESTION 32 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, "WHY ARE YOU ASKING MY RACE?":

We ask about your race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity in this country.

IF THE PATIENT REPLIES, "I ALREADY TOLD YOU MY RACE":

I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to you please answer "No." Thanks for your patience.

Q32 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer "Yes" or "No" to each of the categories.

Q32A Are you American Indian or Alaska Native?

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE

<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<M> MISSING/DK

Q32B Are you Asian?
<1> YES/ASIAN
<0> NO/NOT ASIAN
<M> MISSING/DK

Q32C Are you Black or African American?
<1> YES/BLACK OR AFRICAN AMERICAN
<0> NO/NOT BLACK OR AFRICAN AMERICAN
<M> MISSING/DK

Q32D Are you Native Hawaiian or other Pacific Islander?
<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<M> MISSING/DK

Q32E Are you White?
<1> YES/WHITE
<0> NO/NOT WHITE
<M> MISSING/DK

IF THE PATIENT REPLIES THAT THEY ARE CAUCASIAN CODE AS WHITE.

[NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE READ IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).]

Questions 1-32 in this survey are from the U.S. Department of Health and Human Services or HHS, for use in quality measurement. Any additional questions are from [NAME OF HOSPITAL] to get more feedback about your hospital stay and will not be shared with HHS.

END Those are all the questions I have. Thank you for your time. Have a good (day/evening).

<THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT.>

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