

# HCAHPS Survey

## SURVEY INSTRUCTIONS [SIDE A]

- » 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 next to 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:  
    <sub>1</sub>  Yes <sub>2</sub>  No *[If No, Go to Question 12]*

You may notice a number on the survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders. **Please note: Questions 1-22 in this survey are part of a national initiative to measure the quality of care in hospitals.**  
OMB #0938-0981

**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?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
2. During this hospital stay, how often did nurses listen carefully to you?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always <sub>9</sub>  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?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
6. During this hospital stay, how often did Doctors listen carefully to you?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
7. During this hospital stay, how often did Doctors explain things in a way you could understand?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always

### THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
9. During this hospital stay, how often was the area around your room quiet at night?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  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?  
<sub>1</sub>  Yes <sub>2</sub>  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?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
12. During this hospital stay, did you need medicine for pain?  
<sub>1</sub>  Yes <sub>2</sub>  No *[If No, Go to Question 15]*
13. During this hospital stay, how often was your pain well controlled?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
15. During this hospital stay, were you given any medicine that you had not taken before?  
<sub>1</sub>  Yes <sub>2</sub>  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?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always
17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?  
<sub>1</sub>  Never <sub>2</sub>  Sometimes <sub>3</sub>  Usually <sub>4</sub>  Always

# HCAHPS Survey

## SURVEY INSTRUCTIONS [SIDE B]

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 Yes  No [If No, Go to Question 12]

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### WHEN YOU LEFT THE HOSPITAL

18. 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
19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have to help you needed when you left the hospital?  
 Yes  No
20. 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?  
 Never  Sometimes  Usually  Always

### OVERALL RATING OF HOSPITAL

21. 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]  1  2  3  4  5  6  7  8  9  10 [BEST]
22. Would you recommend this hospital to your friends and family?  
 Definitely No  Probably No  Probably Yes  Definitely Yes

### ABOUT YOU

23. In general, how would you rate your overall health?  
 Excellent  Very Good  Good  Fair  Poor
24. 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
25. 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
26. 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
27. What language do you mainly speak at home?  
 English  Spanish  Chinese  Russian  Vietnamese  
 Some Other Language (please print): \_\_\_\_\_

Thank you for taking the time to complete this survey.  
Please return the completed survey in the postage-paid envelope provided.

For Office Use Only:

OMB #0938-0981

Survey Reviewed By:

Date: