

# Canadian Patient Experiences Survey—Inpatient Care

## Survey Instructions

- ◆ You should fill out this questionnaire only if you were the patient named on the envelope. You may need to get help from a family member or friend to answer the questions. That's okay.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ Your response to this survey is voluntary but will provide us with important information.
- ◆ 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**

Placeholder for jurisdiction comments.

*Please answer the questions about your recent 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**

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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**

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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**

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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, did you need medicine for pain?

- ☐ Yes
- ☐ No → If No, go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**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

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**WHEN YOU LEFT THE HOSPITAL**

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**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 → **If Another health facility, go to Question 21**

**19. 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

**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?**

- ☐ Yes  
☐ No

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**OVERALL RATING OF HOSPITAL**

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*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.*

**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 hospital possible  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Best hospital possible

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

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

*In this next section, we ask several more questions about your stay at the hospital.*

#### **YOUR ARRIVAL AT THE HOSPITAL**

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**23. When you arrived at the hospital, did you go to the emergency department?**

- ☐ Yes → If Yes, go to Question 26
- ☐ No ↓ If No, please continue below

**24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process?**

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

**25. Was your admission into the hospital organized?**

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

**Go to Question 30**

**Answer questions 26 to 29 only if you were admitted through the emergency department.**

**26. When you were in the emergency department, did you get enough information about your condition and treatment?**

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

**27. Were you given enough information about what was going to happen during your admission to the hospital?**

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

**28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?**

- ☐ Yes
- ☐ No

**29. Was your transfer from the emergency department into a hospital bed organized?**

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

**Continue with Question 30**

### **DURING YOUR HOSPITAL STAY**

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- 30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?**
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
- 31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?**
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
- 32. How often were tests and procedures done when you were told they would be done?**
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ I did not have any tests or procedures
- 33. During this hospital stay, did you get all the information you needed about your condition and treatment?**
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

- 34. Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?**

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ Not applicable

- 35. Were you involved as much as you wanted to be in decisions about your care and treatment?**

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

- 36. Were your family or friends involved as much as you wanted in decisions about your care and treatment?**

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ I did not want them to be involved  
☐ I did not have family or friends to be involved

### **LEAVING THE HOSPITAL**

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- 37. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?**
- ☐ Not at all  
☐ Partly  
☐ Quite a bit  
☐ Completely  
☐ Not applicable

**38. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?**

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

**39. When you left the hospital, did you have a better understanding of your condition than when you entered?**

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

## YOUR OVERALL RATINGS

**40. Overall, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is “not helped at all” and 10 is “helped completely.”**

**Overall . . . (Please circle a number)**

Not helped  
at all

Helped  
completely

A horizontal number line with tick marks at every integer from 0 to 10. The numbers are labeled above the tick marks.

**41. Overall . . . (Please circle a number)**

I had a very poor experience

I had a very good  
experience

A horizontal number line with tick marks at every integer from 0 to 10. The numbers are labeled above the tick marks.

## ABOUT YOU

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

- ☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

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

- ☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

**44. 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 or high school equivalency certificate
- ☐ College, CEGEP or other non-university certificate or diploma
- ☐ Undergraduate degree or some university
- ☐ Post-graduate degree or professional designation

**45. What is your gender?**

- ☐ Male  
☐ Female  
☐ Other

**46. What is your year of birth?**

(Please write in; for example, "1934.")

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**47. Was your most recent stay at this hospital for a childbirth experience?**

☐ Yes

☐ No

**48. The following question will help us to better understand the communities that we serve. Do you consider yourself to be . . .**

**(Check all that apply)**

☐ White

☐ Chinese

☐ First Nation

☐ Inuit

☐ Métis

☐ Indigenous/Aboriginal  
(not included elsewhere)

☐ South Asian (East Indian, Pakistani,  
Sri Lankan, etc.)

☐ Black

☐ Filipino

☐ Latin American

☐ Southeast Asian (Vietnamese,  
Cambodian, Malaysian, Laotian, etc.)

☐ Arab

☐ West Asian (Iranian, Afghan, etc.)

☐ Korean

☐ Japanese

☐ Other

**49. Is there anything else you would like to share about your hospital stay?**

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Questions 1 to 22 and 43 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire.

Questions 23 to 49 (excluding question 43) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.