

HCAHPS 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

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 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB 60928-2981

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

- During this hospital stay, how often did nurses treat you with courtesy and respect?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
- During this hospital stay, how often did nurses listen carefully to you?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

- During this hospital stay, how often did nurses explain things in a way you could understand?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
☐ 5 I never pressed the call button

YOUR CARE FROM DOCTORS

- During this hospital stay, how often did doctors treat you with courtesy and respect?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
- During this hospital stay, how often did doctors listen carefully to you?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

- During this hospital stay, how often did doctors explain things in a way you could understand?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

THE HOSPITAL ENVIRONMENT

- During this hospital stay, how often were your room and bathroom kept clean?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
- During this hospital stay, how often was the area around your room quiet at night?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

YOUR EXPERIENCES IN THIS HOSPITAL

- During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
☐ 1 Yes
☐ 2 No → If No, Go to Question 12
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
- During this hospital stay, did you need medicine for pain?
☐ 1 Yes
☐ 2 No → If No, Go to Question 15
- During this hospital stay, how often was your pain well controlled?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always