



Text

### Relational Schema

**Hospital** (Provider ID, Hospital Name, Zip Code, Address, City, State, County Name, Phone Number, Hospital Type, Hospital Ownership, Emergency Service)

**Provides** (Provider ID, Measure ID, Measure Name, Sample, Score, Measure Start Date, Measure End Date)

**Survey** (Provider ID, Survey Score)

**About** (Provider Id, Hospital Name, HCAHPS Base Score, HCAHPS Consistency Score)