

Long-term Care Hospital Experience of Care Survey

Telephone Script

Q1

Within the first week of this hospital stay, did the staff explain to (you/the) family or friend involved with (your/the patient's) care **what to expect during the stay?**

- Yes, definitely..... 01
 - Yes, somewhat..... 02
 - No 03
 - DON'T KNOW-1
 - REFUSED-2
-

Q2

Within the first week of this hospital stay, did the staff ask (you/the) family or friend involved with (your/the patient's) care **about aspects of care and treatment that were important to (you/the patient)?**

- Yes, definitely..... 01
- Yes, somewhat..... 02
- No 03
- DON'T KNOW -1
- REFUSED -2

Q3

Within the first week of this hospital stay, did the staff work with (you/the) family or friend involved with (your/the patient's) care to **set(your/the patient's) goals of care?**

- Yes, definitely..... 01
- Yes, somewhat..... 02
- No 03
- DON'T KNOW -1
- REFUSED -2

Q4

During this hospital stay, did (you/the patient) receive care from **doctors?**

- Yes 01
- No 02 GO TO Q7
- DON'T KNOW -1 GO TO Q7
- REFUSED -2 GO TO Q7

Q5

During this hospital stay, how often did the **doctors** treat (you/the patient) and (your/the patient's) family or friend involved with (your/the patient's) care with courtesy and respect?

- Never 01
 - Sometimes 02
 - Usually 03
 - Always..... 04
 - DON'T KNOW -1
 - REFUSED -2
-

Q6

During this hospital stay, how often did the **doctors** explain things in a way (you/the) family or friend involved with (your/the patient's) care could understand?

- Never 01
- Sometimes 02
- Usually 03
- Always..... 04
- DON'T KNOW -1
- REFUSED -2

Q7

During this hospital stay, did (you/the patient) receive care from **nurses**?

- Yes 01
- No 02 GO TO Q10
- DON'T KNOW -1 GO TO Q10
- REFUSED -2 GO TO Q10

Q8

During this hospital stay, how often did the **nurses** treat (you/the patient) and (your/the patient's) family or friend involved with (your/the patient's) care with courtesy and respect?

- Never 01
- Sometimes 02
- Usually 03
- Always..... 04
- DON'T KNOW -1
- REFUSED -2

Q9

During this hospital stay, how often did the **nurses** explain things in a way (you/the) family or friend involved with (your/the patient's) care could understand?

- Never 01
 - Sometimes 02
 - Usually 03
 - Always..... 04
 - DON'T KNOW -1
 - REFUSED -2
-

Q10

During this hospital stay, did (you/the patient) receive care from any **therapists, therapy assistants, or therapy aides**?

- Yes 01
 - No 02 GO TO Q13
 - DON'T KNOW -1 GO TO Q13
 - REFUSED -2 GO TO Q13
-
-

Q11

During this hospital stay, how often did the **therapy staff** treat (you and the) family or friend involved with (your/the patient's) care with courtesy and respect?

- Never 01
 - Sometimes 02
 - Usually 03
 - Always..... 04
 - DON'T KNOW -1
 - REFUSED -2
-
-

Q12

During this hospital stay, how often did the **therapy staff** explain things in a way (you/the) family or friend involved with (your/the patient's) care could understand?

- Never 01
 - Sometimes 02
 - Usually 03
 - Always..... 04
 - DON'T KNOW -1
 - REFUSED -2
-
-

Q13

When answering the next few questions, please think about **all staff at the hospital** who were involved in (your/the patient's) care - including but not limited to doctors, physician assistants, nurses, therapists, respiratory therapists, technicians,

aides, case managers, social workers, spiritual caregivers, discharge planners, and nutritionists.

During this hospital stay, did (you/the) family or friend involved with (your/the patient's) care **receive the same information** from the different staff about (your/the patient's) care?

- Yes, definitely..... 01
- Yes, somewhat..... 02
- No 03
- DON'T KNOW-1
- REFUSED-2

Q14

During this hospital stay, (were/was) (you/the) family or friend involved with (your/the patient's) care able to **discuss needs and concerns** with the staff?

- Yes, definitely..... 01
- Yes, somewhat..... 02
- No 03
- DON'T KNOW-1
- REFUSED-2

Q15

During this hospital stay, how often did the staff give **encouragement and support** to (you/the) family or friend involved with (your/the patient's) care?

- Never 01
 - Sometimes 02
 - Usually 03
 - Always..... 04
 - DON'T KNOW-1
 - REFUSED-2
-
-

Q16

During this hospital stay, how often did the staff treat (you/the patient) and the family or friend involved with (your/the patient's) care with **courtesy and respect**?

- Never 01
 - Sometimes 02
 - Usually 03
 - Always..... 04
 - DON'T KNOW-1
 - REFUSED-2
-

Q17

During this hospital stay, did the staff keep (you/the) family or friend involved with (your/the patient's) care **informed about (your/the patient's) condition and treatment**?

- Yes, definitely..... 01
 - Yes, somewhat..... 02
 - No 03
 - DON'T KNOW-1
 - REFUSED-2
-

Q18

How often was (your/the patient's) room kept clean?

- Never 01
 - Sometimes 02
 - Usually 03
 - Always..... 04
 - DON'T KNOW-1
 - REFUSED-2
-

Q19

How often was the area around (your/the patient's) room quiet at night?

- Never 01
 - Sometimes 02
 - Usually 03
 - Always..... 04
 - DON'T KNOW-1
 - REFUSED-2
-

Q20

When answering the next few questions, please tell me how much you agree or disagree with the statement.

During this hospital stay, the staff were considerate of (your/the patient's) personal privacy - such as when washing, dressing, or toileting.

- Strongly Agree 01
 - Agree 02
 - Disagree 03
 - Strongly Disagree 04
 - DON'T KNOW -1
 - REFUSED -2
-
-

Q21

During this hospital stay, (your/the patient's) personal hygiene needs were met.

- Strongly Agree 01
 - Agree 02
 - Disagree 03
 - Strongly Disagree 04
 - DON'T KNOW -1
 - REFUSED -2
-
-

Q22

During this hospital stay, (your/the patient's) psychological or spiritual needs were met.

- Strongly Agree 01
 - Agree 02
 - Disagree 03
 - Strongly Disagree 04
 - (You/The patient) did not request psychological or spiritual help 05
 - DON'T KNOW -1
 - REFUSED -2
-
-

Q23

During this hospital stay, did (you/the patient) have physical pain?

- Yes 01
 - No 02 GO TO Q27
 - DON'T KNOW -1 GO TO Q27
 - REFUSED -2 GO TO Q27
-
-

Q24

When answering the next few questions, please tell me how much you agree or disagree with the statement.

During this hospital stay, the staff frequently assessed whether (you/the patient) (were/was) in physical pain.

- Strongly Agree 01
 - Agree 02
 - Disagree 03
 - Strongly Disagree 04
 - DON'T KNOW -1
 - REFUSED -2
-
-

Q25

During this hospital stay, the staff were responsive to (your/the patient's) physical pain.

- Strongly Agree 01
 - Agree 02
 - Disagree 03
 - Strongly Disagree 04
 - DON'T KNOW -1
 - REFUSED -2
-
-

Q26

During this hospital stay, the staff gave options about different ways to manage (your/the patient's) physical pain.

- Strongly Agree 01
 - Agree 02
 - Disagree 03
 - Strongly Disagree 04
 - DON'T KNOW -1
 - REFUSED -2
-

Q27

On (DATE), when (you/the patient) (were/was) discharged, where (were/was) (you/the patient) discharged?

- (YOUR_THEIR) own home or someone else's home or 01 GO TO Q29
 - Another facility 02 GO TO Q28
 - Patient died during this stay 03 GO TO Q32
 - DON'T KNOW -1
 - REFUSED -2
-

Q28

Towards the end of this hospital stay, did the staff provide (you/the) family or friend involved with (your/the patient's) care with information about discharge including where (you/the patient) (were/was) going after leaving this hospital and why?

- Yes, definitely..... 01 GO TO Q31
 - Yes, somewhat..... 02 GO TO Q31
 - No 03 GO TO Q31
 - DON'T KNOW -1 GO TO Q31
 - REFUSED -2 GO TO Q31
-

Q29

Towards the end of this hospital stay, did the staff provide (you/the) family or friend involved with (your/the patient's) care with written information about the care necessary after discharge?

- Yes, definitely..... 01
- Yes, somewhat..... 02
- No 03
- DON'T KNOW-1
- REFUSED-2

Q30

Towards the end of this hospital stay, did the staff provide (you/the) family or friend involved with (your/the patient's) care with information about the medication to be taken after discharge, including what the medication was for, how to take it, and possible side effects?

- Yes, definitely..... 01
- Yes, somewhat..... 02
- No 03
- Not Applicable 04
- DON'T KNOW-1
- REFUSED-2

Q31

Towards the end of this hospital stay, did the staff inform (you/the) family or friend involved with (your/the patient's) care that (you/they) could contact this hospital with any questions or concerns after (you/they) left this hospital?

- Yes, definitely..... 01
- Yes, somewhat..... 02
- No 03
- Not Applicable 04
- DON'T KNOW-1
- REFUSED-2

«Q31»

INT_LANG

TI CHOOSE THE LANGUAGE THAT WAS PREDOMINANTLY USED TO CONDUCT THIS INTERVIEW

ENGLISH..... 01
SPANISH..... 02

Q32

For the following questions, please rate **(FACILITY)**. **Do not include any other hospital stays in your answers.**

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?

0 Worst possible 00
1..... 01
2..... 02
3..... 03
4..... 04
5..... 05
6..... 06
7..... 07
8..... 08
9..... 09
10 Best possible 10

Q33

Would you recommend this hospital to a family member or friend?

Definitely no 01
Probably no..... 02
Probably yes..... 03
Definitely yes 04
DON'T KNOW-1
REFUSED-2

Q34 (SKIP IF PATIENT IS DECEASED)

Please answer these questions about (yourself/the patient as best as you can). In general, how would you rate (your/the patient's) current overall health?

- Excellent 01
- Very good..... 02
- Good 03
- Fair 04
- Poor 05
- DON'T KNOW -1
- REFUSED -2

Q35 (SKIP IF PATIENT IS DECEASED)

In general, how would you rate (your/the patient's) current overall mental or emotional health?

- Excellent 01
- Very good..... 02
- Good 03
- Fair 04
- Poor 05
- DON'T KNOW -1
- REFUSED -2

Q36

What is the patient's age?

- 18 to 44..... 01
- 45 to 54..... 02
- 55 to 64..... 03
- 65 to 74..... 04
- 75 or older 05

Q37

The following questions are about (you/the patient).

What sex (were/was) (you/the patient) assigned at birth, on (your/the patient's) original birth certificate?

- Male..... 01
 - Female 02
-

Q38

How (do/does/did) (you/the patient) describe (yourself/themselves)?

Male.....	01
Female or.....	02
Transgender.....	03
DOES NOT IDENTIFY AS FEMALE, MALE, OR TRANSGENDER	04
DON'T KNOW	-1
REFUSED	-2

Q39

Which of the following best describes how (you/the patient) (think/thinks) of (yourself/themselves)? Would you say...

Lesbian or Gay	01
Straight, that is, not lesbian or gay	02
Bisexual or	03
Something else	04
I DON'T KNOW THE ANSWER.....	05
DON'T KNOW	-1
REFUSED	-2

Q40

What (is_was) (your/the patient's) marital status? Would you say...

Married	01
Widowed	02
Divorced or separated	03
Never Married or	04
Living with a partner	05
DON'T KNOW	-1
REFUSED	-2

Q41

What (is_was) the highest grade or level of school (you/the patient) (have/has) completed?

- 8th grade or less 01
- Some high school, but did not graduate 02
- High school graduate or GED 03
- Some college or 2-year degree 04
- 4-year college graduate 05
- More than 4-year college degree..... 06
- DON'T KNOW -1
- REFUSED -2

Q42

(Are/Is) (you/the patient) of Hispanic, Latino, or Spanish origin or descent?

- No, not Hispanic, Latino, or Spanish 01
- Yes, Puerto Rican 02
- Yes, Mexican, Mexican American, Chicano 03
- Yes, Cuban 04
- Yes, Other Spanish, Hispanic or Latino..... 05
- DON'T KNOW -1
- REFUSED -2

Q43

What (is/was) (your/the patient's) race? Please choose all that apply.

- White 01
 - Black or African American 02
 - American Indian or Alaska Native 03
 - Asian 04
 - Native Hawaiian or other Pacific Islander 05
 - DON'T KNOW -1
 - REFUSED -2
-

Q44

What language (do/does/did) (you/the patient) **mainly** speak at home? Would you say...

- English..... 01
- Spanish or 02
- PATIENT IS NON-VERBAL 03
- Other language (Please specify):..... 04
- DON'T KNOW-1
- REFUSED-2

Q45

QUESTION FOR INTERVIEWER, DO NOT READ

WHO COMPLETED THIS SURVEY?

- THE PATIENT 01 GO TO Q51
- THE PATIENT WITH HELP 02
- SOMEONE OTHER THAN THE PATIENT 03
- DON'T KNOW-1
- REFUSED-2

Q46

Please answer the following questions about yourself. How did you help the patient with this questionnaire? Choose all that apply.

- Answered the questions for the patient 01
 - ANSWERED THE QUESTIONS FOR THE PATIENT BECAUSE THE PATIENT IS DECEASED 02
 - Asked the questions of the patient 03
 - WROTE DOWN THE PATIENT'S ANSWERS..... 04
 - TRANSLATED THE QUESTIONS INTO THE PATIENT'S LANGUAGE05
 - Helped in some other way (please explain): 06
 - No one helped the patient complete this survey..... 07 GO TO Q51
-

Q47

What is your relationship to the patient?

Spouse or Partner	01
Son or Daughter of patient	02
Sibling	03
Parent of patient.....	04
Other family member	05
Friend.....	06
Caretaker or	07
Someone else (please explain relationship):.....	08
DON'T KNOW	-1
REFUSED	-2

Q48

While the patient was in the hospital, how often did you take part in or oversee care for (him/her)?

Never	01
Sometimes	02
Usually	03
Always.....	04
DON'T KNOW	-1
REFUSED	-2

Q49

What is your age?

18 to 24 years	01
25 to 34 years	02
35 to 44 years	03
45 to 54 years	04
55 to 64 years	05
65 to 74 years	06
75 to 79 years	07
80 to 84 years	08
85 years or older.....	09
DON'T KNOW	-1
REFUSED	-2

Q50

Are you male or female?

MALE..... 01

FEMALE..... 02

Q51

Do you have comments about your experience you would like us to provide to
[FACILITY]?

..... 01

THANKYOU

Those are all the questions we have for you. Thank you for completing the survey.

CONTINUE TO CLOSE CASE 1