

## SURVEY INSTRUCTIONS

This survey asks about experiences at the **long-term care hospital named on the cover letter**.

When answering the questions in this survey, think about the long-term care stay referenced in the cover letter. Do not include information about any other hospital stays in your answers.

If the patient is not able to answer the questions (the patient is not well enough or is deceased), please give this survey to someone who is familiar with the patient's hospital stay.

Answer all the questions by completely filling in the circle 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 63**

### I. THE BEGINNING OF THE PATIENT'S STAY AT THE HOSPITAL

1. Within the first week of this hospital stay, did the staff explain to the patient or the family/friend involved with the patient's care **what to expect during the stay**?
  - Yes, definitely
  - Yes, somewhat
  - No

2. Within the first week of this hospital stay, did the staff ask the patient or the family/friend involved with the patient's care about **aspects of care and treatment that were important to the patient**?
  - Yes, definitely
  - Yes, somewhat
  - No
3. Within the first week of this hospital stay, did the staff work with the patient or the family/friend involved with the patient's care to **set the patient's goals of care**?
  - Yes, definitely
  - Yes, somewhat
  - No

### II. STAFF AT THE HOSPITAL

4. During this hospital stay, did the patient receive care from **doctors**?
  - Yes
  - No → **If No, go to question 7**
5. During this hospital stay, how often did the **doctors** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always

6. During this hospital stay, how often did the **doctors** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always
7. During this hospital stay, did the patient receive care from **nurses**?
- Yes
  - No → **If No, go to question 10**
8. During this hospital stay, how often did the **nurses** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
9. During this hospital stay, how often did the **nurses** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always
10. During this hospital stay, did the patient receive care from any **therapists, therapy assistants, or therapy aides**?
- Yes
  - No → **If No, go to question 13**

11. During this hospital stay, how often did the **therapy staff** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
12. During this hospital stay, how often did the **therapy staff** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always

When answering questions 13 through 17, please think about **all staff at the hospital** who were involved in 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.

13. During this hospital stay, did the patient or the family/friend involved with the patient's care **receive the same information** from the different staff about the patient's care?
- Yes, definitely
  - Yes, somewhat
  - No

14. During this hospital stay, was the patient or the family/friend involved with the patient's care able to **discuss needs and concerns** with the staff?
- Yes, definitely
  - Yes, somewhat
  - No
15. During this hospital stay, how often did the staff give **encouragement and support** to the patient or the family/friend involved with the patient's care?
- Never
  - Sometimes
  - Usually
  - Always
16. During this hospital stay, how often did the staff treat the patient and the family/friend involved with the patient's care with **courtesy and respect**?
- Never
  - Sometimes
  - Usually
  - Always
17. During this hospital stay, did the staff keep the patient or the family/friend involved with the patient's care **informed about the patient's condition and treatment**?
- Yes, definitely
  - Yes, somewhat
  - No

### III. EXPERIENCE AT THIS HOSPITAL

18. How often was the patient's room kept clean?
- Never
  - Sometimes
  - Usually
  - Always
19. How often was the area around the patient's room quiet at night?
- Never
  - Sometimes
  - Usually
  - Always

For questions 20 through 26, please indicate your level of agreement with the following statements:

20. During this hospital stay, the staff were considerate of the patient's personal privacy—such as when washing, dressing, or toileting.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
21. During this hospital stay, the patient's personal hygiene needs were met.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree

22. During this hospital stay, the patient's psychological or spiritual needs were met.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
  - Patient did not request psychological or spiritual help
23. During this hospital stay, did the patient have physical pain?
- Yes
  - No → **If No, go to question 27**
24. During this hospital stay, the staff frequently assessed whether the patient was in physical pain.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
25. During this hospital stay, the staff were responsive to the patient's physical pain.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
26. During this hospital stay, the staff gave options about different ways to manage the patient's physical pain.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree

#### IV. PREPARING TO LEAVE THE HOSPITAL

27. Where was the patient discharged?
- His/Her own home or someone else's home → **Go to question 29**
  - Another facility → **Continue to question 28**
  - Patient died during this stay → **Go to question 32**
  - Patient not yet discharged → **Go to question 32**
28. Towards the end of this hospital stay, did the staff provide the patient or the family/friend involved with the patient's care with information about discharge including where the patient was going after leaving this hospital and why?
- Yes, definitely → **Go to question 31**
  - Yes, somewhat → **Go to question 31**
  - No → **Go to question 31**
29. Towards the end of this hospital stay, did the staff provide the patient or the family/friend involved with the patient's care with written information about the care necessary after discharge?
- Yes, definitely
  - Yes, somewhat
  - No

30. Towards the end of this hospital stay, did the staff provide the patient or the family/friend involved with 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
- Yes, somewhat
- No
- Not Applicable

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

- Yes, definitely
- Yes, somewhat
- No

## V. OVERALL RATING OF THE HOSPITAL

For the following questions, please rate the hospital named on the cover letter. Do not include any other hospital stays in your answers.

32. 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
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best possible

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

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

## VI. ABOUT THE PATIENT

Please answer these questions about the **patient who received care at this hospital.**

If the patient is deceased, please skip Questions 34 and 35 and answer Questions 36 through 44 as best as you can.

34. In general, how would you rate the patient's current overall health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
35. In general, how would you rate the patient's current overall mental or emotional health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
36. What is the patient's age?
- 18 to 44
  - 45 to 54
  - 55 to 64
  - 65 to 74
  - 75 or older
37. What sex was the patient assigned at birth, on their original birth certificate?
- Male
  - Female
38. How does the patient describe themselves?
- Male
  - Female
  - Transgender
  - Does not identify as female, male, or transgender
39. Which of the following best describes how the patient thinks of themselves?
- Lesbian or Gay
  - Straight, that is, not lesbian or gay
  - Bisexual
  - Something else
  - I don't know the answer
40. What is the patient's marital status?
- Married
  - Widowed
  - Divorced or separated
  - Never Married
  - Living with a partner
41. What is the highest grade or level of school the patient has 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

42. Is the patient of Hispanic, Latino, or Spanish origin or descent?
- No, not Hispanic, Latino, or Spanish
  - Yes, Puerto Rican
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Cuban
  - Yes, Other Spanish/Hispanic/Latino
43. What is the patient's race? Choose all that apply.
- White
  - Black or African American
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or other Pacific Islander
44. What language does the patient **mainly** speak at home?
- English
  - Spanish
  - Patient is non-verbal
  - Other language (Please specify):

---

*(Please print.)*

45. Who completed this survey?
- The patient → **Please go to question 51.**
  - The patient with help → **Please go to question 46**
  - Someone other than the patient → **Please go to question 46**

## VII. ABOUT THE RESPONDENT WHO IS NOT THE PATIENT

Please answer the following questions about the person (not the patient) who helped the patient complete the survey or who completed this survey.

46. How did this person help the patient with this questionnaire? Choose all that apply.
- No one helped the patient complete this survey → **Please go to question 51**
  - Answered the questions for the patient
  - Answered the questions for the patient because the patient is deceased
  - Read the questions to the patient
  - Wrote down the patient's answers
  - Translated the questions into the patient's language
  - Helped in some other way (Please explain):

---

*(Please print.)*

47. What is this person's relationship to the patient?

- Spouse or Partner
- Son or Daughter of patient
- Sibling
- Parent of patient
- Other family member
- Friend
- Caretaker
- Someone else (Please explain relationship):

---

*(Please print.)*

48. While the patient was in the hospital, how often did this person take part in or oversee care for him/her?

- Never
- Sometimes
- Usually
- Always

49. What is this person's age?

- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 to 79 years
- 80 to 84 years
- 85 years or older

50. Is this person male or female?

- Male
- Female

51. Do you have comments about your experience you would like us to provide to the hospital named in the cover letter?

---

---

---

---

---

---

**END.** Thank you for completing the survey. Please mail the completed survey using the prepaid envelope provided.

If you no longer have the postage-paid envelope, please mail to: