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
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.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>(You/The patient) did not request psychological or spiritual help</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
Q23

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

Yes ........................................................................................... 01
No .............................................................................................. 02
DON'T KNOW ............................................................................. -1
REFUSED ..................................................................................... -2

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.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

Q27

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

<table>
<thead>
<tr>
<th>(YOUR_THEIR) own home or someone else’s home or</th>
<th>Another facility</th>
<th>Patient died during this stay</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOTO Q29</td>
<td>GOTO Q28</td>
<td>GOTO Q32</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes, definitely</th>
<th>Yes, somewhat</th>
<th>No</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOTO Q31</td>
<td>GOTO Q31</td>
<td>GOTO Q31</td>
<td>GOTO Q31</td>
<td>GOTO Q31</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
**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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>01</td>
</tr>
<tr>
<td>Yes, somewhat</td>
<td>02</td>
</tr>
<tr>
<td>No</td>
<td>03</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-2</td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>01</td>
</tr>
<tr>
<td>Yes, somewhat</td>
<td>02</td>
</tr>
<tr>
<td>No</td>
<td>03</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>04</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-2</td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>01</td>
</tr>
<tr>
<td>Yes, somewhat</td>
<td>02</td>
</tr>
<tr>
<td>No</td>
<td>03</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>04</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-2</td>
</tr>
</tbody>
</table>
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 ................................................................. 01
REFUSED ................................................................. 02
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
- 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 LANGUAGE 05
- 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?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse or Partner</td>
<td>01</td>
</tr>
<tr>
<td>Son or Daughter of patient</td>
<td>02</td>
</tr>
<tr>
<td>Sibling</td>
<td>03</td>
</tr>
<tr>
<td>Parent of patient</td>
<td>04</td>
</tr>
<tr>
<td>Other family member</td>
<td>05</td>
</tr>
<tr>
<td>Friend</td>
<td>06</td>
</tr>
<tr>
<td>Caretaker</td>
<td>07</td>
</tr>
<tr>
<td>Someone else (please explain relationship)</td>
<td>08</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-2</td>
</tr>
</tbody>
</table>

### Q48

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>01</td>
</tr>
<tr>
<td>Sometimes</td>
<td>02</td>
</tr>
<tr>
<td>Usually</td>
<td>03</td>
</tr>
<tr>
<td>Always</td>
<td>04</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-2</td>
</tr>
</tbody>
</table>

### Q49

What is your age?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 24 years</td>
<td>01</td>
</tr>
<tr>
<td>25 to 34 years</td>
<td>02</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>03</td>
</tr>
<tr>
<td>45 to 54 years</td>
<td>04</td>
</tr>
<tr>
<td>55 to 64 years</td>
<td>05</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>06</td>
</tr>
<tr>
<td>75 to 79 years</td>
<td>07</td>
</tr>
<tr>
<td>80 to 84 years</td>
<td>08</td>
</tr>
<tr>
<td>85 years or older</td>
<td>09</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-2</td>
</tr>
</tbody>
</table>
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