



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.

Questions 1-22 and the "About You" section in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. Your participation is voluntary and will not affect your health benefits. **You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.**

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**

Please answer the questions in this survey about your stay at the hospital named on the cover. Do not include any other hospital stay in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

2. During this hospital stay, how often did nurses listen carefully to you?

- Never
- Sometimes
- Usually
- Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- Never
- Sometimes
- Usually
- Always
- I never pressed the call button



YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

6. During this hospital stay, how often did doctors listen carefully to you?

- Never
- Sometimes
- Usually
- Always

7. During this hospital stay, how often did doctors explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?

- Never
- Sometimes
- Usually
- Always

9. During this hospital stay, how often was the area around your room quiet at night?

- Never
- Sometimes
- Usually
- Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
- No → Go to Question 12

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

12. During this hospital stay, did you need medicine for pain?

- Yes
- No → Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- Never
- Sometimes
- Usually
- Always

15. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → Go to Question 18



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16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- Never
- Sometimes
- Usually
- Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

- Own home
- Someone else's home
- Another health facility → Go to Question 21

19. During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- Yes
- No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
- No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stays in your answer.

21. 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 during your stay?

- 0 Worst hospital possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?

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

MORE QUESTIONS ABOUT YOUR STAY AT THE HOSPITAL



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The next set of questions will give us more detailed information about how we can improve the care and treatment we provide.

23. How organized was the admission process?

- Not at all organized
- Somewhat organized
- Very organized
- Completely organized

24. If you had to wait to go to your room, did someone from the hospital explain the reason for the delay?

- Not at all
- Somewhat
- For the most part
- Definitely
- Did not have to wait

HOSPITAL STAFF

25. Was there one particular doctor in charge of your care in the hospital?

- Never
- Sometimes
- Usually
- Always

26. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?

- Never
- Sometimes
- Usually
- Always
- Did not have anxieties or fears

27. Did you have confidence and trust in the doctors treating you?

- Never
- Sometimes
- Usually
- Always

28. Did doctors talk in front of you as if you weren't there?

- Never
- Sometimes
- Usually
- Always

29. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?

- Never
- Sometimes
- Usually
- Always
- Did not have anxieties or fears

30. Did you have confidence and trust in the nurses treating you?

- Never
- Sometimes
- Usually
- Always

31. Did nurses ask your name, check your ID band, or otherwise confirm who you were before giving you any medications, treatments, or tests?

- Never
- Sometimes
- Usually
- Always



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32. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you?

- Never
- Sometimes
- Usually
- Always

33. Did you have enough say about your treatment?

- Never
- Sometimes
- Usually
- Always

34. Did doctors and nurses allow family members or someone close to you to be with you when you wanted them there?

- Never
- Sometimes
- Usually
- Always
- No family or birthing partner involved

35. Did your family or birthing partner have enough opportunity to talk to your doctor?

- Never
- Sometimes
- Usually
- Always
- No family or birthing partner involved
- Family did not want or need information

36. Was the right amount of information about your condition or treatment given to your family or birthing partner?

- Never
- Sometimes
- Usually
- Always
- No family or birthing partner involved
- Family did not want or need information

37. Was it easy for you to find someone on the hospital staff to talk to about your concerns?

- Never
- Sometimes
- Usually
- Always
- Did not want or need to talk

38. Were your scheduled tests and procedures performed on time?

- Never
- Sometimes
- Usually
- Always
- Did not have tests or procedures

39. Did family members or someone close to you ever have to do something or say something to staff to be sure that your medical needs were met?

- Never
- Sometimes
- Usually
- Always
- Do not know
- Did not have family members or others close to me present

YOUR DELIVERY

40. Did you have a vaginal delivery or a C-Section?

- Vaginal
- C-Section

41. Did your doctor answer your questions about your delivery in a way you could understand?

- Not at all
- Somewhat
- For the most part
- Definitely
- Did not have questions



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42. Did your doctor discuss your options for pain control during the labor and delivery with you?

- Not at all
- Somewhat
- For the most part
- Definitely

43. Did you have enough say about your pain control during labor and delivery?

- Not at all
- Somewhat
- For the most part
- Definitely

44. Did you get the right amount of pain medicine during labor and delivery?

- Not at all
- Somewhat
- For the most part
- Definitely
- Did not have pain medicine

45. Did a doctor or nurse tell you accurately how you would feel after your delivery?

- Not at all
- Somewhat
- For the most part
- Definitely

GOING HOME

46. Did you get enough information about feeding your baby?

- Not at all
- Somewhat
- For the most part
- Definitely

47. Did you get enough information about caring for your baby?

- Not at all
- Somewhat
- For the most part
- Definitely

48. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?

- Not at all
- Somewhat
- For the most part
- Definitely
- Did not need explanation
- No medicines at home

49. Did they tell you what danger signals in you and your baby to watch for after you went home?

- Not at all
- Somewhat
- For the most part
- Definitely

50. Did they tell you when you could resume your activities, such as when to go back to work or drive a car?

- Not at all
- Somewhat
- For the most part
- Definitely

51. Did the doctors and nurses give your family or someone close to you all the information they needed to help you recover?

- Not at all
- Somewhat
- For the most part
- Definitely
- No family or friends involved
- Family did not want or need information



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FOOD SERVICES

52. Did the taste of the food meet your expectations?

- Never
- Sometimes
- Usually
- Always

ABOUT YOU

There are only a few remaining items left.

53. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

54. What is the highest grade or level of school that you have 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

55. Are you of Spanish, Hispanic or Latino origin or descent?

- No, not Spanish/Hispanic/Latino
- Yes, Puerto Rican
- Yes, Mexican, Mexican-American, Chicano
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino

56. What is your race? Please choose one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

57. What language do you mainly speak at home?

- English
- Spanish
- Some other language (please print): _____

58. If you could change one thing about the hospital, what would it be? (Please print your answer on the lines provided below.)

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Please use the enclosed envelope and mail the completed survey to: NRC+Picker Survey Processing Center, PO Box 82660, Lincoln, NE 68501-2660. To contact us call 1-800-733-6714.



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