

# HCAHPS Survey

## Data File Structure Version 4.0

This Data File Structure applies to **1Q 2018 discharges and forward**, and corresponds to the XML File Specifications Version 4.0.

**Data Type:** A = Alphanumeric  
N = Numeric

<b>HEADER RECORD</b>					
Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Provider Name <provider-name>	Name of the Hospital	A	100	Yes	
Provider ID <provider-id>	CMS Certification Number	A	10	Yes	No dashes or spaces Valid 6-digit CMS Certification Number (formerly known as Medicare Provider Number)
NPI <npi>	National Provider Identifier	N	10	No	No dashes or spaces Valid 10-digit National Provider Identifier. This is an optional data element.
Discharge Year <discharge-yr>	Year of discharge	N	4	Yes	YYYY (2018 or greater; cannot be 9999) <i>Note: Use of version 4.0 requires a 1Q 2018 or greater discharge.</i>
Discharge Month <discharge-month>	Month of discharge	N	2	Yes	MM (01–12 = January–December; cannot be 00, 13–99)
Survey Mode <survey-mode>	Mode of survey administration	A	1	Yes	Mail only 1 Telephone only 2 Mixed mode 3 IVR 4 <i>Note: The Survey Mode must be the same for all three months within a quarter.</i>

## HEADER RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Determination of Service Line <determination-of-service-line>	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS survey	N	1	Yes	
Eligible Discharges <number-eligible-discharge>	Number of eligible discharges in sample frame in the month	N	10	Yes	
Sample Size <sample-size>	Number of sampled discharges in the month	N	10	Yes	
Type of Sampling <sample-type>	Type of sampling utilized	N	1	Yes	
DSRS Strata Name <strata-name>	If Disproportionate Stratified Random Sample (DSRS) is used, the name of strata	A	45	Yes, if DSRS	
DSRS Eligible <dsrs-eligible>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of eligible patients within the stratum	N	10	Yes, if DSRS	
DSRS Sample Size <dsrs-samplesize>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of sampled patients within the stratum	N	10	Yes, if DSRS	

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values																		
Provider ID <provider-id>	CMS Certification Number	A	10	Yes	No dashes or spaces Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number)																		
Discharge Year <discharge-yr>	Year of discharge	N	4	Yes	YYYY (2018 or greater; cannot be 9999)  <i>Note: Use of version 4.0 requires a 1Q 2018 or greater discharge year.</i>																		
Discharge Month <discharge-month>	Month of discharge	N	2	Yes	MM (01–12 = January–December; cannot be 00, 13–99)																		
Patient ID <patient-id>	Random, unique, de-identified, patient ID assigned by hospital/survey vendor	A	16	Yes	Maximum of 16 characters																		
Point of Origin for Admission or Visit <admission-source>	Source of inpatient admission for the patient (same as UB-04 field location 15)	A	1	Yes	<table style="width: 100%; border: none;"> <tr><td style="padding: 2px;">Non-healthcare Facility Point of Origin</td><td style="text-align: right; padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">Clinic or Physician’s Office</td><td style="text-align: right; padding: 2px;">2</td></tr> <tr><td style="padding: 2px;">Transfer from a hospital (different facility)</td><td style="text-align: right; padding: 2px;">4</td></tr> <tr><td style="padding: 2px;">Transfer from a SNF, ICF, or ALF</td><td style="text-align: right; padding: 2px;">5</td></tr> <tr><td style="padding: 2px;">Transfer from another Health Care Facility</td><td style="text-align: right; padding: 2px;">6</td></tr> <tr><td style="padding: 2px;">Court/law enforcement</td><td style="text-align: right; padding: 2px;">8</td></tr> <tr><td style="padding: 2px;">Information not available</td><td style="text-align: right; padding: 2px;">9</td></tr> <tr><td style="padding: 2px;">Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer</td><td style="text-align: right; padding: 2px;">D</td></tr> <tr><td style="padding: 2px;">Transfer from Ambulatory Surgery Center</td><td style="text-align: right; padding: 2px;">E</td></tr> </table>	Non-healthcare Facility Point of Origin	1	Clinic or Physician’s Office	2	Transfer from a hospital (different facility)	4	Transfer from a SNF, ICF, or ALF	5	Transfer from another Health Care Facility	6	Court/law enforcement	8	Information not available	9	Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer	D	Transfer from Ambulatory Surgery Center	E
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Transfer from Ambulatory Surgery Center	E																						
Reason Admission <principal-reason-admission>	Service line (Based on discharge MS-DRG)	A	1	Yes	<table style="width: 100%; border: none;"> <tr><td style="padding: 2px;">Maternity Care</td><td style="text-align: right; padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">Medical</td><td style="text-align: right; padding: 2px;">2</td></tr> <tr><td style="padding: 2px;">Surgical</td><td style="text-align: right; padding: 2px;">3</td></tr> <tr><td style="padding: 2px;">Missing</td><td style="text-align: right; padding: 2px;">M</td></tr> </table> <p><i>Note: It is anticipated that the Service Line will not be coded as “Missing.” Male patients should not be reported in the Maternity Service Line.</i></p>	Maternity Care	1	Medical	2	Surgical	3	Missing	M										
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## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values																																														
Discharge Status <discharge-status>	Patient's discharge status (same as UB-04 field location 17)	A	2	Yes	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Home care or self-care</td><td style="text-align: right; padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">Short-term general hospital for inpatient care</td><td style="text-align: right; padding: 2px;">2</td></tr> <tr><td style="padding: 2px;">Medicare certified skilled nursing facility</td><td style="text-align: right; padding: 2px;">3</td></tr> <tr><td style="padding: 2px;">Intermediate care facility</td><td style="text-align: right; padding: 2px;">4</td></tr> <tr><td style="padding: 2px;">Designated cancer center or children's hospital</td><td style="text-align: right; padding: 2px;">5</td></tr> <tr><td style="padding: 2px;">Home with home health services</td><td style="text-align: right; padding: 2px;">6</td></tr> <tr><td style="padding: 2px;">Left against medical advice</td><td style="text-align: right; padding: 2px;">7</td></tr> <tr><td style="padding: 2px;">Expired</td><td style="text-align: right; padding: 2px;">20</td></tr> <tr><td style="padding: 2px;">Discharged/transferred to court/law enforcement</td><td style="text-align: right; padding: 2px;">21</td></tr> <tr><td style="padding: 2px;">Expired at Home</td><td style="text-align: right; padding: 2px;">40</td></tr> <tr><td style="padding: 2px;">Expired in a medical facility</td><td style="text-align: right; padding: 2px;">41</td></tr> <tr><td style="padding: 2px;">Expired, Place Unknown</td><td style="text-align: right; padding: 2px;">42</td></tr> <tr><td style="padding: 2px;">Federal health care facility</td><td style="text-align: right; padding: 2px;">43</td></tr> <tr><td style="padding: 2px;">Hospice—home</td><td style="text-align: right; padding: 2px;">50</td></tr> <tr><td style="padding: 2px;">Hospice—medical facility</td><td style="text-align: right; padding: 2px;">51</td></tr> <tr><td style="padding: 2px;">Medicare-approved swing bed within hospital</td><td style="text-align: right; padding: 2px;">61</td></tr> <tr><td style="padding: 2px;">Inpatient rehabilitation facility</td><td style="text-align: right; padding: 2px;">62</td></tr> <tr><td style="padding: 2px;">Long-term care hospital</td><td style="text-align: right; padding: 2px;">63</td></tr> <tr><td style="padding: 2px;">Medicaid certified nursing facility</td><td style="text-align: right; padding: 2px;">64</td></tr> <tr><td style="padding: 2px;">Psychiatric hospital or psychiatric unit</td><td style="text-align: right; padding: 2px;">65</td></tr> <tr><td style="padding: 2px;">Critical Access Hospital</td><td style="text-align: right; padding: 2px;">66</td></tr> <tr><td style="padding: 2px;">Discharged/transferred to a designated disaster alternative care site (An alternate care site (ACS) provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those resources were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.</td><td style="text-align: right; padding: 2px;">69</td></tr> <tr><td style="padding: 2px;">Discharge/transfer to health care institution not defined elsewhere in the code list</td><td style="text-align: right; padding: 2px;">70</td></tr> </table>	Home care or self-care	1	Short-term general hospital for inpatient care	2	Medicare certified skilled nursing facility	3	Intermediate care facility	4	Designated cancer center or children's hospital	5	Home with home health services	6	Left against medical advice	7	Expired	20	Discharged/transferred to court/law enforcement	21	Expired at Home	40	Expired in a medical facility	41	Expired, Place Unknown	42	Federal health care facility	43	Hospice—home	50	Hospice—medical facility	51	Medicare-approved swing bed within hospital	61	Inpatient rehabilitation facility	62	Long-term care hospital	63	Medicaid certified nursing facility	64	Psychiatric hospital or psychiatric unit	65	Critical Access Hospital	66	Discharged/transferred to a designated disaster alternative care site (An alternate care site (ACS) provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those resources were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.	69	Discharge/transfer to health care institution not defined elsewhere in the code list	70
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## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
					Discharged to home or self-care with a planned acute care hospital inpatient readmission 81
					Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission 82
					Discharged/transferred to a Medicare certified skilled nursing facility (SNF) with a planned acute care hospital inpatient readmission 83
					Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission 84
					Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission 85
					Discharged/transferred to home under care of organized home health service organization with planned acute care hospital inpatient readmission 86
					Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission 87
					Discharged/transferred to federal health care facility with a planned acute care hospital inpatient readmission 88
					Discharged/transferred to a hospital-based Medicare-approved swing bed with a planned acute care hospital inpatient readmission 89

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
					Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission 90 Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission 91 Discharged/transferred to a Medicaid certified nursing facility with a planned acute care hospital inpatient readmission 92 Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission 93 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission 94 Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission 95 Missing M
Strata Name <strata-name>	If sampling type is DSRS, this is the name of the stratum the patient belongs to.	A	45	Yes, if DSRS	If not DSRS, do not include this tag in XML file.  If DSRS, use one of the names previously defined in the header record.

*Note: Patients with a Discharge Status of "Expired" (codes 20, 40, 41, or 42) must not have their Final Survey Status coded as "1-Completed survey" or "6-Non-response: Break off." Their Final Survey Status should be coded as "2-Ineligible: Deceased."*

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Final Survey Status <survey-status>	Disposition of survey	A	2	Yes	
Survey Completion Mode <survey-completion-mode>	Survey Mode used to complete a survey administered in the Mixed or IVR modes	N	1	Yes, if Survey Mode is Mixed or IVR and Survey Status is "1-Completed Survey" or "6-Non-response: Break off"	
Survey Attempts Telephone <number-survey-attempts-telephone>	Number of telephone/IVR attempts	N	1	Yes, if Survey Mode is Telephone Only, Active IVR or Mixed Mode if "Survey Completion Mode" field is "2-Mixed mode-phone"	

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values														
Survey Attempts Mail <number-survey-attempts-mail>	Mail wave for which the survey was completed or final survey status determined	N	1	Yes, if Survey Mode is Mail Only Mode															
Survey Language <language>	Identify survey language in which the survey was administered (or attempted to be administered) in English, Spanish, Chinese, Russian, Vietnamese, or Portuguese	N	1	Yes	<table style="width: 100%; border: none;"> <tr><td>English</td><td style="text-align: right;">1</td></tr> <tr><td>Spanish</td><td style="text-align: right;">2</td></tr> <tr><td>Chinese</td><td style="text-align: right;">3</td></tr> <tr><td>Russian</td><td style="text-align: right;">4</td></tr> <tr><td>Vietnamese</td><td style="text-align: right;">5</td></tr> <tr><td>Portuguese</td><td style="text-align: right;">6</td></tr> <tr><td>Not applicable</td><td style="text-align: right;">8</td></tr> </table>	English	1	Spanish	2	Chinese	3	Russian	4	Vietnamese	5	Portuguese	6	Not applicable	8
English	1																		
Spanish	2																		
Chinese	3																		
Russian	4																		
Vietnamese	5																		
Portuguese	6																		
Not applicable	8																		
Lag Time <lag-time>	Number of days between the patient's discharge date and the end of data collection for that patient	N	3	Yes	000–365 888 = Not applicable  <i>Note: The Lag Time must be included for all HCAHPS Final Survey Status codes. It is anticipated that the Lag Time will not be coded as "Missing or 888."</i>														
Supplemental Question Count <supplemental-question-count>	The count of maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered.	A	2	Yes for all HCAHPS Final Survey Status Codes	0–99 M – Missing  <i>Note: It is anticipated that the Supplemental Question Count will not be coded as "Missing."</i>														
Gender <gender>	Patient's gender (same as UB-04 field location 11)	A	1	Yes	<table style="width: 100%; border: none;"> <tr><td>Male</td><td style="text-align: right;">1</td></tr> <tr><td>Female</td><td style="text-align: right;">2</td></tr> <tr><td>Missing</td><td style="text-align: right;">M</td></tr> </table>	Male	1	Female	2	Missing	M								
Male	1																		
Female	2																		
Missing	M																		



## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Age at Admission <patient-age>	Patient's age at hospital admission	A	2	Yes	

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q1 <nurse-courtesy-respect>	“During this hospital stay, how often did nurses treat you with courtesy and respect?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q2 <nurse-listen>	“During this hospital stay, how often did nurses listen carefully to you?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q3 <nurse-explain>	“During this hospital stay, how often did nurses explain things in a way you could understand?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q4 <call-button>	“During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 I never pressed the call button 9 Missing/Don’t Know M
Q5 <dr-courtesy-respect>	“During this hospital stay, how often did doctors treat you with courtesy and respect?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q6 <dr-listen>	“During this hospital stay, how often did doctors listen carefully to you?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q7 <dr-explain>	“During this hospital stay, how often did doctors explain things in a way you could understand?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q8 <cleanliness>	“During this hospital stay, how often were your room and bathroom kept clean?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q9 <quiet>	“During this hospital stay, how often was the area around your room quiet at night?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q10 <bathroom-screener>	“During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?” <b>(Screener 1)</b>	A	1	Yes	Yes 1 No 2 Missing/Don’t Know M
Q11 <bathroom-help>	“How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don’t Know M
Q12 <pain-screener>	“During this hospital stay, did you have any pain?” <b>(Screener 2)</b>	A	1	Yes	Yes 1 No 2 Missing/Don’t Know M
Q13 <pain-talk>	“During this hospital stay, how often did hospital staff talk with you about how much pain you had?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don’t Know M
Q14 <pain-treat>	“During this hospital stay, how often did hospital staff talk with you about how to treat your pain?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don’t Know M
Q15 <new-med-screener>	“During this hospital stay, were given any new medicine that you had not taken before?” <b>(Screener 3)</b>	A	1	Yes	Yes 1 No 2 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q16 <med-for>	“Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don’t Know M
Q17 <side-effects>	“Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don’t Know M
Q18 <discharge-screener>	“After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility?” <b>(Screener 4)</b>	A	1	Yes	Own Home 1 Someone else’s home 2 Another health facility 3 Missing/Don’t Know M
Q19 <help-after-discharge>	“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?”	A	1	Yes	Yes 1 No 2 Not Applicable 8 Missing/Don’t Know M
Q20 <symptoms>	“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?”	A	1	Yes	Yes 1 No 2 Not Applicable 8 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q21 <overall-rate>	“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?”	A	2	Yes	Worst hospital possible 0 1 2 3 4 5 6 7 8 9 Best hospital possible 10 Missing/Don't Know M
Q22 <recommend>	“Would you recommend this hospital to your friends and family?”	A	1	Yes	Definitely no 1 Probably no 2 Probably yes 3 Definitely yes 4 Missing/Don't Know M
Q23 <ct-preferences>	“During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.”	A	1	Yes	Strongly disagree 1 Disagree 2 Agree 3 Strongly agree 4 Missing/Don't Know M
Q24 <ct-understanding>	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	A	1	Yes	Strongly disagree 1 Disagree 2 Agree 3 Strongly agree 4 Missing/Don't Know M
Q25 <ct-purpose-med>	When I left the hospital, I clearly understood the purpose for taking each of my medications.	A	1	Yes	Strongly disagree 1 Disagree 2 Agree 3 Strongly agree 4 I was not given any medication when I left the hospital 5 Missing/Don't Know M
Q26 <er-admission>	During this hospital stay, were you admitted to this hospital through the Emergency Room?	A	1	Yes	Yes 1 No 2 Missing/Don't Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q27 <overall-health>	“In general, how would you rate your overall health?”	A	1	Yes	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Missing/Don’t Know M
Q28 <mental-health>	In general, how would you rate your overall mental or emotional health?	A	1	Yes	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Missing/Don’t Know M
Q29 <education>	“What is the highest grade or level of school that you have completed?”	A	1	Yes	8 <sup>th</sup> grade or less 1 Some high school, but did not graduate 2 High school graduate or GED 3 Some college or 2-year degree 4 4-year college graduate 5 More than a 4-year college degree 6 Missing/Don’t Know M
Q30 <ethnic>	“Are you of Spanish, Hispanic, or Latino origin or descent?”	A	1	Yes	No, not Spanish/Hispanic/Latino 1 Yes, Puerto Rican 2 Yes, Mexican, Mexican American, Chicano 3 Yes, Cuban 4 Yes, other Spanish/ Hispanic/Latino 5 Missing/Don’t Know M
Q31 <race-white>	“What is your race? Please choose one or more.”	A	1	Yes	White 1 Not White 0 Missing/Don’t Know M
Q31 <race-african-amer>	“What is your race? Please choose one or more.”	A	1	Yes	Black or African American 1 Not Black or African American 0 Missing/Don’t Know M
Q31 <race-asian>	“What is your race? Please choose one or more.”	A	1	Yes	Asian 1 Not Asian 0 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q31 <race-hi-pacific-islander>	“What is your race? Please choose one or more.”	A	1	Yes	Native Hawaiian or Other Pacific Islander      1 Not Native Hawaiian or Other Pacific Islander      0 Missing/Don’t Know      M
Q31 <race-amer-indian-ak>	“What is your race? Please choose one or more.”	A	1	Yes	American Indian or Alaska Native      1 Not American Indian or Alaska Native      0 Missing/Don’t Know      M
Q32 <language-speak>	“What language do you mainly speak at home?”	A	1	Yes	English      1 Spanish      2 Chinese      3 Russian      4 Vietnamese      5 Portuguese      6 Some other language      9 Missing/Don’t Know      M

## Hospital CAHPS XML File Specification Version 4.0

This XML file specification (Version 4.0) applies to **1Q 2018 discharges and forward**.

Each file submission will represent one month of survey data for each hospital.

An HCAHPS XML file is made up of 3 parts: **1) header record 2) administrative data record 3) survey results record**.

There should be only one header record for each HCAHPS XML file. Each patient within the HCAHPS XML file should have an administrative data record, and if survey results are being submitted for the patient, they should have the survey results record.

Each field (except fields **strata-name**, **dsrs-eligible**, **dsrs-samplesize** and **npi** - see data element description for more details) of the header record and administrative data requires an entry for a valid data submission.

Survey results records are not required for a valid data submission but if survey results are included, then all answers must have an entry. Survey results records are required if the final <survey-status> is "1 - Completed survey" or "6 - Non-response: Break off".



XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;monthlydata&gt;</b> Opening Tag, defines the monthly survey data	This is the opening element of the file. The closing tag for this element will be at the end of the file. Attributes describe the element and are included within the opening and closing <> This XML tag should be defined with its attributes as shown below - <b>&lt;monthlydata xmlns="http://hcahps.ifmc.org" xmlns:xsi="http://www.w3.org/2018/XMLSchema-instance"&gt;</b>					
	See example.	N/A	N/A	NA	N/A	Yes
<b>The following section defines the format of the header record.</b>						
<b>&lt;header&gt;</b> Opening Tag, defines the header record of monthly survey data	This is the opening element of the header record. The closing tag for this element will be at the end of the header record. <b>Note:</b> This tag is required in the XML document, however, it contains no data. This header element should only occur once per file.					
	None	N/A	N/A	NA	N/A	Yes
<b>&lt;provider-name&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <b>Example: &lt;provider-name&gt;Sample Hospital&lt;/provider-name&gt;</b>					
	None	Name of the hospital represented by the survey.	N/A	Alphanumeric Character	100	Yes
<b>&lt;provider-id&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. <b>Example: &lt;provider-id&gt;123456&lt;/provider-id&gt;</b>					
	None	ID number of the hospital represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes
<b>&lt;npi&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag, but with a forward slash. This header element should only occur once per file. This is an optional data element at this time but may be required in the future. <b>Example: &lt;npi&gt;1234567890&lt;/npi&gt;</b>					
	None	National Provider Identifier	Valid 10 digit National Provider Identifier.	Numeric	10	No

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;discharge-yr&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. <b>Example: &lt;discharge-yr&gt;2018&lt;/discharge-yr&gt;</b>					
	None	Year patient was discharged from the hospital.	YYYY YYYY = (2018 or greater) (cannot be 9999)	Numeric	4	Yes
<b>&lt;discharge-month&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. <b>Example: &lt;discharge-month&gt;1&lt;/discharge-month&gt;</b>					
	None	Month patient was discharged from the hospital.	MM MM = (1-12) (cannot be 00, 13-99)	Numeric	2	Yes
<b>&lt;survey-mode&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header data element should only occur once per file. <i>Note: The Survey Mode must be the same for all three months within a quarter.</i> <b>Example: &lt;survey-mode&gt;1&lt;/survey-mode&gt;</b>					
	None	Mode of survey administration. Survey Mode must be the same for all three months within a quarter. Once you have uploaded your first month of data, you have the ability to re-upload that month and change the survey mode if you'd like. However, once you have uploaded data for two months within a given quarter, you are locked into that survey mode and cannot change it for that quarter.	1 - Mail only 2 - Telephone only 3 - Mixed mode 4 - IVR	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;determination-of-service-line&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header data element should only occur once per file. <b>Example: &lt;determination-of-service-line&gt;1&lt;/determination-of-service-line&gt;</b>					
	None	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS survey.	1 - V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, or V.25 MS DRG codes 2 - CMS V.24 DRG codes 3 - Mix of V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25 or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 4 - ICD-10 or ICD-9 codes 5 - Hospital unit 6 - New York State DRGs/APR-DRGs 7 - Other - Approved Exceptions Request only	Numeric	1	Yes
<b>&lt;number-eligible-discharge&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <b>Example: &lt;number-eligible-discharge&gt;650&lt;/number-eligible-discharge&gt;</b>					
	None	Number of eligible patients discharged from the hospital for the month.	N/A	Numeric	10	Yes
<b>&lt;sample-size&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <b>Example: &lt;sample-size&gt;600&lt;/sample-size&gt;</b>					
	None	Number of eligible patients drawn into the sample for survey administration.	N/A	Numeric	10	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;sample-type&gt;</b> Sub-element of header</p>		<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <i>Note: Sample Type must be the same for all three months within a quarter</i> <b>Example: &lt;sample-type&gt;3&lt;/sample-type&gt;</b></p>				
	None	<p>Sample type must be the same for all three months within a quarter. Once you have uploaded your first month of data, you have the ability to re-upload that month and change the sample type if you'd like. However, once you have uploaded data for two months within a given quarter, you are locked into that sample type and cannot change it for that quarter.</p>	<p>1 - Simple random sample 2 - Proportionate stratified random sample 3 - Disproportionate stratified random sample</p>	Numeric	1	Yes
<p><b>&lt;dsrs-strata&gt;</b> Sub-element of header</p>		<p>This is the beginning tag for the section that is used to collect data elements for sample type of Disproportionate Stratified Random Sample (DSRS). This tag is only used if the sampling type is DSRS (sample-type = 3). If the sampling type is DSRS, the XML file must include one <b>&lt;dsrs-strata&gt;</b> tag for each strata being defined. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b></p> <p>Each &lt;dsrs-strata&gt; section, must have one each of the following associated data elements as shown below -</p> <p><b>Example: The following is an example that displays two strata being defined -</b></p> <p><b>&lt;dsrs-strata&gt;</b>              &lt;strata-name&gt;example strata one&lt;/strata-name&gt;              &lt;dsrs-eligible&gt;200&lt;/dsrs-eligible&gt;              &lt;dsrs-samplesize&gt;125&lt;/dsrs-samplesize&gt;  <b>&lt;/dsrs-strata&gt;</b>  <b>&lt;dsrs-strata&gt;</b>              &lt;strata-name&gt;example strata two&lt;/strata-name&gt;              &lt;dsrs-eligible&gt;300&lt;/dsrs-eligible&gt;              &lt;dsrs-samplesize&gt;170&lt;/dsrs-samplesize&gt;  <b>&lt;/dsrs-strata&gt;</b></p>				
	None	<p>If sample type selected is Disproportionate Stratified Random Sample (DSRS), <b>there must be at least two &lt;dsrs-strata&gt; sections.</b> Additional strata can be defined as needed. There should be one &lt;dsrs-strata&gt; tag for each strata defined.</p>	N/A	NA	N/A	No. Required only if sample-type is DSRS.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;strata-name&gt;</b> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <strata-name> tag for each strata defined. This data element, which belongs to the <dsrs-strata> section, should only occur once per <dsrs strata> section. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b> <b>Example: &lt;strata-name&gt;strata one&lt;/strata-name&gt;</b>					
	None	If sample type selected is Disproportionate Stratified Random Sample, <b>then at least two strata names have to be defined.</b> No two strata names can be the same within one file. Strata names must be the same for all three months within a quarter. Once you have uploaded your first month of data, you have the ability to re-upload that month and change the strata names if you'd like. However, once you have uploaded data for two months within a given quarter, you are locked into those strata names and cannot change them for that quarter. Strata names can be changed, added or deleted in subsequent quarters.	NA	Alphanumeric Character	45	No. Required only if sample-type is DSRS.
<b>&lt;dsrs-eligible&gt;</b> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-eligible> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs-strata> section. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b> <b>Example: &lt;dsrs-eligible&gt;650&lt;/dsrs-eligible&gt;</b>					
	None	If disproportionate stratified random sample is utilized, this is the number of eligible patients within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.
<b>&lt;dsrs-samplesize&gt;</b> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-samplesize> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs strata> section. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b> <b>Example: &lt;dsrs-samplesize&gt;650&lt;/dsrs-samplesize&gt;</b>					
	None	If disproportionate stratified random sample is utilized, this is the number of sampled patients within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;/dsrs-strata&gt;</b> Closing tag for dsrs-strata	None	<b>Note:</b> This closing tag is required in the XML document, if the sample type utilized is "3 - Disproportionate stratified random sample," however, it contains no data. This closing tag should occur once for each <dsrs-strata> section.				
<b>&lt;/header&gt;</b> Closing tag for header	None	<b>Note:</b> This closing element for the header is required in the XML document, however, it contains no data. This header element should only occur once per file.				
<b>The following section defines the format of the patient level data record.</b>						
<b>&lt;patientleveldata&gt;</b> Opening Tag, defines the patient level data record of monthly survey data	This is the opening element of the patient level data record. The closing tag for this element will be at the end of the patient level data record. <b>Note:</b> The <patientleveldata> section includes the opening and closing <patientleveldata> tags and all the tags between these two tags. The <patientleveldata> section is required in the XML file, if at least one patient is being submitted. If the <sample-size> is 0, and no patient data is being submitted, the <patientleveldata> section should not be included in the XML file. This patient level data element should only occur once per patient.					
	None	N/A	N/A	NA	N/A	Yes
<b>An administrative data record is required for each patient as follows:</b>						
<b>&lt;administration&gt;</b> Opening Tag, defines the administrative data record within the patient level data record of monthly survey data	This is the opening element of the administrative record. The closing tag for this element will be at the end of the administrative data record. <b>Note:</b> There will be one <administration> section for each patient. The <administration> section includes the opening and closing <administration> tags and all the tags between these two tags. This <administration> section is required in the XML file for each patient being submitted. This <administration> element should only occur once per patient.					
	None	N/A	N/A	NA	N/A	Yes
<b>&lt;provider-id&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the previous header record. <b>Example:</b> <provider-id>123456</provider-id>					
	None	ID number of the hospital represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;discharge-yr&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the header record. <b>Example: &lt;discharge-yr&gt;2018&lt;/discharge-yr&gt;</b>					
	None	Year patient was discharged from the hospital.	YYYY YYYY = (2018 or greater) (cannot be 9999)	Numeric	4	Yes
<b>&lt;discharge-month&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the header record. <b>Example: &lt;discharge-month&gt;1&lt;/discharge-month&gt;</b>					
	None	Month patient was discharged from the hospital.	MM MM = (1 - 12) (cannot be 00, 13 - 99)	Numeric	2	Yes
<b>&lt;patient-id&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element should only occur once per patient. <b>Example: &lt;patient-id&gt;12345&lt;/patient-id&gt;</b>					
	None	Unique de-identified patient id assigned by the provider to uniquely identify the survey.	N/A	Alphanumeric Character	16	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;admission-source&gt;</b> Point of Origin for Admission or Visit</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Example:</b> &lt;admission-source&gt;1&lt;/admission-source&gt;</p> <p>Source of inpatient admission for the patient. (same as UB-04 field location 15)</p>	<p>1 - Nonhealthcare Facility Point of Origin</p>	Alphanumeric Character	1	Yes
			<p>2 - Clinic or Physician's Office</p> <p>4 - Transfer from a hospital (Different Facility)</p> <p>5 - Transfer from a SNF, ICF or ALF</p> <p>6 - Transfer from another Healthcare Facility</p> <p>8 - Court/Law Enforcement</p> <p>9 - Information not available</p> <p>D - Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer</p> <p>E - Transfer from Ambulatory Surgery Center</p>			
<p><b>&lt;principal-reason-admission&gt;</b> Sub-element of patientleveldata:administration</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Note: If possible the Service Line should not be coded as "Missing."</b> <b>Example:</b> &lt;principal-reason-admission&gt;1&lt;/principal-reason-admission&gt;</p> <p>Assignment of HCAHPS Service Line category.</p>	<p>1 - Maternity Care</p>	Alphanumeric Character	1	Yes
			<p>2 - Medical</p> <p>3 - Surgical</p> <p>M - Missing</p>			



XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;discharge-status&gt;</b></p> <p>Sub-element of patientleveledata:administration</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Note: Patients with a Discharge Status of "Expired" (codes 20, 40, 41, or 42) must not be coded as having "Complete" surveys.</b></p> <p><b>Example: &lt;discharge-status&gt;66&lt;/discharge-status&gt;</b></p>	<p>1 - Home care or self care</p> <p>2 - Short-term general hospital for inpatient care</p> <p>3 - Medicare certified skilled nursing facility</p> <p>4 - Intermediate care facility</p> <p>5 - Designated cancer center or children's hospital</p> <p>6 - Home with home health services</p> <p>7 - Left against medical advice</p> <p>20 - Expired</p> <p>21 - Discharged/transferred to court/law enforcement</p> <p>40 - Expired at Home</p> <p>41 - Expired in medical facility</p> <p>42 - Expired, Place Unknown</p> <p>43 - Federal healthcare facility</p> <p>50 - Hospice - home</p> <p>51 - Hospice - medical facility</p> <p>61 - Medicare-approved swing bed within hospital</p> <p>62 - Inpatient rehabilitation facility</p> <p>63 - Long-term care hospital</p> <p>64 - Medicaid certified nursing facility</p> <p>65 - Psychiatric hospital or psychiatric unit</p>	Alphanumeric Character	2	Yes
		<p>Status of patient's discharge. (same as UB-04 field location 17)</p>				

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;discharge-status&gt;</b></p> <p><b>Sub-element of patientleveldata:administration (cont'd)</b></p>	None	Status of patient's discharge. (same as UB-04 field location 17)	<p>66 - Critical Access Hospital</p> <p>69 - Discharged/transferred to a designated disaster alternative care site (An alternate care site (ACS) provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those rescues were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.)</p> <p>70 - Discharge/transfer to a health care institution not defined elsewhere in the code list</p> <p>81 - Discharged to home or self care with a planned acute care hospital inpatient readmission</p> <p>82 - Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission</p> <p>83 - Discharged/transferred to a Medicare certified skilled nursing facility (SNF) with a planned acute care hospital inpatient readmission</p> <p>84 - Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission</p>	Alphanumeric Character	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;discharge-status&gt;</b></p> <p><b>Sub-element of patientleveldata:administration (cont'd)</b></p>	None	Status of patient's discharge. (same as UB-04 field location 17)	<p>85 - Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission</p> <p>86 - Discharged/transferred to home under care of organized home health service organization with planned acute care hospital inpatient readmission</p> <p>87 - Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission</p> <p>88 - Discharged/transferred to federal health care facility with a planned acute care hospital inpatient readmission</p> <p>89 - Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission</p> <p>90 - Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission</p> <p>91 - Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission</p>	Alphanumeric Character	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;discharge-status&gt;</b></p> <p>Sub-element of patientleveledata:administration (cont'd)</p>	None	Status of patient's discharge. (same as UB-04 field location 17)	<p>92 - Discharged/transferred to a Medicaid certified nursing facility not certified under Medicare with a planned acute care hospital inpatient readmission</p> <p>93 - Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission</p> <p>94 - Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission</p> <p>95 - Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission</p> <p>M - Missing</p>	Alphanumeric Character	2	Yes
<p><b>&lt;strata-name&gt;</b></p> <p>Sub-element of patientleveledata:administration</p>	None	<p>This tag is required if the sampling type is DSRS (sample type 3). Name of the strata this patient belongs to. This name must match one of the strata defined in the header section of the XML file. If the sampling type is other than 3, this tag doesn't need to be included in the XML file.</p> <p><b>Example: &lt;strata-name&gt;strata one&lt;/strata-name&gt;</b></p> <p>This is the name of the strata the patient belongs to. You can only use one of the valid strata names defined in the header for the data element &lt;strata-name&gt;</p>	You can only use one of the valid strata names defined in the header for the data element <strata-name>	Alphanumeric Character	45	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;survey-status&gt;</b> Sub-element of patientleveldata:administration</p>	None	Disposition of survey.	1 - Completed survey	Alphanumeric Character	2	Yes
			2 - Ineligible: Deceased			
			3 - Ineligible: Not in eligible population			
			4 - Ineligible: Language barrier			
			5 - Ineligible: Mental/physical incapacity			
			6 - Non-response: Break off			
			7 - Non-response: Refusal			
			8 - Non-response: Non-response after maximum attempts			
			9 - Non-response: Bad address			
			10 - Non-response: Bad/no phone number			
M - Missing						
<p><b>&lt;survey-completion-mode&gt;</b> Sub-element of patientleveldata:administration</p>	None	Survey Mode used to complete a survey administered via the Mixed or IVR mode.	1 - Mixed mode-mail	Numeric	1	No, conditionally required only if Survey Mode is Mixed or IVR and Survey Status is 1- Completed Survey or 6- Non-response:
			2 - Mixed mode-phone			
			3 - IVR mode-IVR			
			4 - IVR mode-phone			
			8 - Not applicable			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;number-survey-attempts-telephone&gt;</b>  Sub-element of patientleveldata:administration</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Telephone Only, Active IVR or Mixed Mode with a survey completion mode answer of 2 - Mixed Mode - Phone. If the XML Element &lt;Survey Mode&gt; is other than Telephone only, Active IVR or Mixed Mode (phone), this tag does not need to be included in the XML file. <b>Example: &lt;number-survey-attempts-telephone&gt;1&lt;/number-survey-attempts-telephone&gt;</b></p>					
	None	Number of telephone contact attempts per survey with a survey mode of Telephone Only, Mixed or Active IVR.	1 - First Telephone attempt	Numeric	1	No, conditionally required only if the Survey Mode is Telephone Only Mode, Active IVR Mode or Mixed Mode with survey completion mode = 2-Mixed mode-phone.
			2 - Second Telephone attempt			
			3 - Third Telephone attempt			
			4 - Fourth Telephone attempt			
			5 - Fifth Telephone attempt			
		8 - Not applicable				
<p><b>&lt;number-survey-attempts-mail&gt;</b>  Sub-element of patientleveldata:administration</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Mail Only. If the XML Element &lt;Survey Mode&gt; is other than Mail only, this tag does not need to be included in the XML file. <b>Example: &lt;number-survey-attempts-mail&gt;1&lt;/number-survey-attempts-mail&gt;</b></p>					
	None	Mail wave for which the survey was completed or final survey status code is determined. Mail Only mode.	1 - First wave mailing	Numeric	1	No, conditionally required only if the Survey Mode is Mail Only
			2 - Second wave mailing			
		8 - Not applicable				

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<language> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Example: &lt;language&gt;1&lt;/language&gt;</b>					
	None	Identify survey language in which the survey was administered (or attempted to be administered) (English, Spanish, Chinese, Russian, Vietnamese, or Portuguese)	1 - English 2 - Spanish 3 - Chinese 4 - Russian 5- Vietnamese 6 - Portuguese 8 - Not applicable	Numeric	1	Yes
<lag-time> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Note: The Lag Time should not be coded as "Missing" or "888."</b> <b>Example: &lt;lag-time&gt;84&lt;/lag-time&gt;</b>					
	None	Number of days between patient's discharge date from the hospital and the date that data collection activities ended for the patient.	0-365 888 - Not applicable	Numeric	3	Yes
<supplemental-question-count>	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Note: The "Supplemental Question Count" should not be coded as "Missing." This number should be the same for every patient in the sample.</b> <b>Example: &lt;supplemental-question-count&gt;4&lt;/supplemental-question-count&gt;</b>					
	None	The count is the maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered.	0-99 M - Missing	Alphanumeric Character	2	Yes. Required for all HCAHPS Final Survey Status Codes.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;gender&gt;</b> Sub-element of patientleveledata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Example: &lt;gender&gt;1&lt;/gender&gt;</b>					
	None	Patient gender.	1 - Male	Alphanumeric Character	1	Yes
			2 - Female			
M - Missing						
<b>&lt;patient-age&gt;</b> Sub-element of patientleveledata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Example: &lt;patient-age&gt;1&lt;/patient-age&gt;</b>					
	None	Patient age at admission.	0 - Under 18	Alphanumeric Character	2	Yes
			1 - 18 to 24			
			2 - 25 to 29			
			3 - 30 to 34			
			4 - 35 to 39			
			5 - 40 to 44			
			6 - 45 to 49			
			7 - 50 to 54			
			8 - 55 to 59			
			9 - 60 to 64			
			10 - 65 to 69			
			11 - 70 to 74			
			12 - 75 to 79			
			13 - 80 to 84			
			14 - 85 to 89			
15 - 90 or older						
			M - Missing/Unknown			
<b>&lt;/administration&gt;</b> Closing tag for administration	None	<b>Note:</b> This tag is required in the XML file, however, it contains no data. This administration element should only occur once per patient.				



XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required					
<p><b>A survey results (patient response) record is defined as the &lt;patient response&gt; and is defined as follows:</b>                      (Note: Survey results (patient response) records are not required for a valid data submission, however if survey results are included then all answers must have an entry. Survey results (patient response) record is required, if the final &lt;survey-status&gt; is "1 - Completed survey" or "6 - Nonresponse: Break off".)</p>											
<p><b>&lt;patientresponse&gt;</b>                       Opening Tag, defines the patient response data record within the patient level data record of monthly survey data</p>	<p>None</p>	<p>This is the opening element of the patient response record. The closing tag for this element will be at the end of the patient response record.  <b>Note:</b> There will be one &lt;patientresponse&gt; section for each patient if survey results are being submitted for the patient. The &lt;patientresponse&gt; section includes the opening and closing &lt;patientresponse&gt; tags and all the tags between these two tags. This &lt;patientresponse&gt; section is required in the XML file only if survey results are being submitted for the patient. If survey results are not being submitted for the patient, the &lt;patientresponse&gt; section should not be submitted. This patient response element should only occur once per patient.</p>	<p>N/A</p>	<p>NA</p>	<p>N/A</p>	<p>Yes</p>					
<p><b>&lt;nurse-courtesy-respect&gt;</b>                       Sub-element of patientleveldata: patientresponse</p>	<p>None</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;nurse-courtesy-respect&gt;4&lt;/nurse-courtesy-respect&gt;</b>                       Question 1: Nurses courtesy and respect</p>	<table border="1"> <tr><td>1 - Never</td></tr> <tr><td>2 - Sometimes</td></tr> <tr><td>3 - Usually</td></tr> <tr><td>4 - Always</td></tr> <tr><td>M - Missing/Don't know</td></tr> </table>	1 - Never	2 - Sometimes	3 - Usually	4 - Always	M - Missing/Don't know	<p>Alphanumeric Character</p>	<p>1</p>	<p>Yes</p>
1 - Never											
2 - Sometimes											
3 - Usually											
4 - Always											
M - Missing/Don't know											
<p><b>&lt;nurse-listen&gt;</b>                       Sub-element of patientleveldata: patientresponse</p>	<p>None</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;nurse-listen&gt;4&lt;/nurse-listen&gt;</b>                       Question 2: Nurses listen.</p>	<table border="1"> <tr><td>1 - Never</td></tr> <tr><td>2 - Sometimes</td></tr> <tr><td>3 - Usually</td></tr> <tr><td>4 - Always</td></tr> <tr><td>M - Missing/Don't know</td></tr> </table>	1 - Never	2 - Sometimes	3 - Usually	4 - Always	M - Missing/Don't know	<p>Alphanumeric Character</p>	<p>1</p>	<p>Yes</p>
1 - Never											
2 - Sometimes											
3 - Usually											
4 - Always											
M - Missing/Don't know											

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;nurse-explain&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;nurse-explain&gt;4&lt;/nurse-explain&gt;</b>					
	None	Question 3: Nurses explain.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes
<b>&lt;call-button&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;call-button&gt;4&lt;/call-button&gt;</b>					
	None	Question 4: Call button.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 9 - I never pressed the call button M - Missing/Don't know	Alphanumeric Character	1	Yes
<b>&lt;dr-courtesy-respect&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;dr-courtesy-respect&gt;4&lt;/dr-courtesy-respect&gt;</b>					
	None	Question 5: Doctors courtesy and respect.	1 - Never 2 - Sometimes 3 - Usually 4 - Always M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;dr-listen&gt;</b> Sub-element of patientleveldata: patientresponse	None	Question 6: Doctors listen.  <b>Example: &lt;dr-listen&gt;4&lt;/dr-listen&gt;</b>	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<b>&lt;dr-explain&gt;</b> Sub-element of patientleveldata: patientresponse	None	Question 7: Doctors explain.  <b>Example: &lt;dr-explain&gt;4&lt;/dr-explain&gt;</b>	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<b>&lt;cleanliness&gt;</b> Sub-element of patientleveldata: patientresponse	None	Question 8: Cleanliness.  <b>Example: &lt;cleanliness&gt;4&lt;/cleanliness&gt;</b>	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;quiet&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;quiet&gt;4&lt;/quiet&gt;</b>					
	None	Question 9: Quiet.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
M - Missing/Don't know						
<b>&lt;bathroom-screener&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;bathroom-screener&gt;1&lt;/bathroom-screener&gt;</b>					
	None	Question 10: Bathroom (screener 1).	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			M - Missing/Don't know			
<b>&lt;bathroom-help&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;bathroom-help&gt;4&lt;/bathroom-help&gt;</b>					
	None	Question 11: Bathroom help.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			8 - Not applicable			
M - Missing/Don't know						

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;pain-screener&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;pain-screener&gt;1&lt;/pain-screener&gt;</b>					
	None	Question 12: Pain (screener 2).	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			M - Missing/Don't know			
<b>&lt;pain-talk&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;pain-talk&gt;4&lt;/pain-talk&gt;</b>					
	None	Question 13: Pain talk.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			8 - Not applicable			
			M - Missing/Don't know			
<b>&lt;pain-treat&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;pain-treat&gt;4&lt;/pain-treat&gt;</b>					
	None	Question 14: Pain treat.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			8 - Not applicable			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;new-med-screener&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;new-med-screener&gt;1&lt;/new-med-screener&gt;</b>					
	None	Question 15: New meds (screener 3).	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			M - Missing/Don't know			
<b>&lt;med-for&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;med-for&gt;4&lt;/med-for&gt;</b>					
	None	Question 16: Medicine for.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			8 - Not applicable			
			M - Missing/Don't know			
<b>&lt;side-effects&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;side-effects&gt;4&lt;/side-effects&gt;</b>					
	None	Question 17: Side effects.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			8 - Not applicable			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;discharge-screener&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;discharge-screener&gt;1&lt;/discharge-screener&gt;</b>					
	None	Question 18: Discharge (screener 4).	1 - Own home	Alphanumeric Character	1	Yes
			2 - Someone else's home			
			3 - Another health facility			
			M - Missing/Don't know			
<b>&lt;help-after-discharge&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;help-after-discharge&gt;1&lt;/help-after-discharge&gt;</b>					
	None	Question 19: Help after discharge.	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			8 - Not applicable			
			M - Missing/Don't know			
<b>&lt;symptoms&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;symptoms&gt;1&lt;/symptoms&gt;</b>					
	None	Question 20: Symptoms.	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			8 - Not applicable			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;overall-rate&gt;</b> Sub-element of patientleveldata: patientresponse</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;overall-rate&gt;5&lt;/overall-rate&gt;</b></p>					
	None	Question 21: Overall rating.	0 - Worst hospital possible 1 2 3 4 5 6 7 8 9 10 - Best hospital possible M - Missing/Don't know	Alphanumeric Character	2	Yes
<p><b>&lt;recommend&gt;</b> Sub-element of patientleveldata: patientresponse</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;recommend&gt;4&lt;/recommend&gt;</b></p>					
	None	Question 22: Recommend.	1 - Definitely no 2 - Probably no 3 - Probably yes 4 - Definitely yes M - Missing/Don't know	Alphanumeric Character	1	Yes



XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;ct-preferences&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;ct-preferences&gt;4&lt;/ct-preferences&gt;</b>					
	None	Question 23: Preferences in deciding health care needs.	1 - Strongly disagree 2 - Disagree 3 - Agree 4 - Strongly agree M - Missing/Don't know	Alphanumeric Character	1	Yes
<b>&lt;ct-understanding&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;ct-understanding&gt;4&lt;/ct-understanding&gt;</b>					
	None	Question 24: Understanding of responsibility in managing health.	1 - Strongly disagree 2 - Disagree 3 - Agree 4 - Strongly agree M - Missing/Don't know	Alphanumeric Character	1	Yes
<b>&lt;ct-purpose-med&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;ct-purpose-med&gt;4&lt;/ct-purpose-med&gt;</b>					
	None	Question 25: Purpose for taking medications.	1 - Strongly disagree 2 - Disagree 3 - Agree 4 - Strongly agree 5 - I was not given any medication when I left the hospital M - Missing/Don't know	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;er-admission&gt;</b> Sub-element of patientleveldata: patientresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;er-admission&gt;4&lt;/er-admission&gt;</b> Question 26: Admitted through the emergency room.	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			M - Missing/Don't know			
<b>&lt;overall-health&gt;</b> Sub-element of patientleveldata: patientresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;overall-health&gt;4&lt;/overall-health&gt;</b> Question 27: Overall health.	1 - Excellent	Alphanumeric Character	1	Yes
			2 - Very good			
			3 - Good			
			4 - Fair			
			5 - Poor			
			M - Missing/Don't know			
<b>&lt;mental-health&gt;</b> Sub-element of patientleveldata: patientresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;mental-health&gt;4&lt;/mental-health&gt;</b> Question 28: Mental health.	1 - Excellent	Alphanumeric Character	1	Yes
			2 - Very good			
			3 - Good			
			4 - Fair			
			5 - Poor			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;education&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;education&gt;4&lt;/education&gt;</b> Question 29: Education.</p>	1 - 8th grade or less	Alphanumeric Character	1	Yes
			2 - Some high school, but did not graduate			
			3 - High school graduate or GED			
			4 - Some college or 2-year degree			
			5 - 4-year college graduate			
			6 - More than 4-year college degree			
			M - Missing/Don't know			
			<p><b>&lt;ethnic&gt;</b> Sub-element of patientleveldata: patientresponse</p>			
2 - Yes, Puerto Rican						
3 - Yes, Mexican, Mexican American, Chicano						
4 - Yes, Cuban						
5 - Yes, other Spanish/Hispanic/Latino						
M - Missing/Don't know						

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;race-white&gt;</b>  Sub-element of patientleveldata: patientresponse	None	Question 31: Race, White.  Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;race-white&gt;1&lt;/race-white&gt;</b> If the check box for the race 'White' is selected, enter value '1' for this data element If the check box for the race 'White' is <b>not</b> selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements	1 - White	Alphanumeric Character	1	Yes
			0 - Not White			
			M - Missing/Don't know			
			<b>&lt;race-african-amer&gt;</b>  Sub-element of patientleveldata: patientresponse			
<b>&lt;race-african-amer&gt;</b>  Sub-element of patientleveldata: patientresponse	None	Question 31: Race, African-American.  Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;race-african-amer&gt;0&lt;/race-african-amer&gt;</b> If the check box for the race 'Black or African-American' is selected, enter value '1' for this data element If the check box for the race 'Black or African-American' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements	1 - Black or African-American	Alphanumeric Character	1	Yes
			0 - Not Black or African-American			
			M - Missing/Don't know			
			<b>&lt;race-asian&gt;</b>  Sub-element of patientleveldata: patientresponse			
<b>&lt;race-asian&gt;</b>  Sub-element of patientleveldata: patientresponse	None	Question 31: Race, Asian.  Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;race-asian&gt;0&lt;/race-asian&gt;</b> If the check box for the race 'Asian' is selected, enter value '1' for this data element If the check box for the race 'Asian' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements	1 - Asian	Alphanumeric Character	1	Yes
			0 - Not Asian			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;race-hi-pacific-islander&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;race-hi-pacific-islander&gt;0&lt;/race-hi-pacific-islander&gt;</b>                      If the check box for the race '<b>Native Hawaiian or Pacific Islander</b>' is selected, enter value '1' for this data element                      If the check box for the race '<b>Native Hawaiian or Pacific Islander</b>' is not selected (and at least one other check box for race is selected), enter value '0' for this data element                      If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements</p> <p>Question 31: Race, Pacific Islander.</p>	<p>1 - Native Hawaiian or Pacific Islander                      0 - Not Native Hawaiian or Pacific Islander                      M - Missing/Don't know</p>	Alphanumeric Character	1	Yes
<p><b>&lt;race-amer-indian-ak&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;race-amer-indian-ak&gt;0&lt;/race-amer-indian-ak&gt;</b>                      If the check box for the race '<b>American Indian or Alaska native</b>' is selected, enter value '1' for this data element                      If the check box for the race '<b>American Indian or Alaska native</b>' is not selected (and at least one other check box for race is selected), enter value '0' for this data element                      If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements</p> <p>Question 31: Race, American Indian/Alaska Native.</p>	<p>1 - American Indian or Alaska native                      0 - Not American Indian or Alaska native                      M - Missing/Don't know</p>	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;language-speak&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example:</b> &lt;language-speak&gt;1&lt;/language-speak&gt;</p> <p>Question 32: Language.</p>	<p>1 - English 2 - Spanish 3 - Chinese 4 - Russian 5 - Vietnamese 6 - Portuguese 9 - Some other language M - Missing/Don't know</p>	Alphanumeric Character	1	Yes
<p><b>&lt;/patientresponse&gt;</b> Closing tag for patientresponse</p>	None	<p><b>Note:</b> This tag is required in the XML file, however, it contains no data. This patient response element should only occur once per patient.</p>				
<p><b>&lt;/patientleveldata&gt;</b> Closing tag for patientleveldata</p>	None	<p><b>Note:</b> This tag is required in the XML file, however, it contains no data. This patient level data element should only occur once per patient.</p>				
<p><b>&lt;/monthlydata&gt;</b> Closing tag, defines the monthly survey data</p>	None	<p><b>Note:</b> This tag is required in the XML file, however, it contains no data. This monthly data element should only occur once per patient.</p>				

# HCAHPS Survey Sample XML File Layout

## Sample XML File Layout without DSRS V4.0

```
- <monthlydata xmlns="http://hcahps.ifmc.org"
  xmlns:xsi="http://www.w3.org/2018/XMLSchema-instance">
  - <header>
    <provider-name>Some Hospital</provider-name>
    <provider-id>160035</provider-id>
    <npi>1234567893</npi>
    <discharge-yr>2018</discharge-yr>
    <discharge-month>1</discharge-month>
    <survey-mode>1</survey-mode>
    <determination-of-service-line>1</determination-of-service-line>
    <number-eligible-discharge>100</number-eligible-discharge>
    <sample-size>35</sample-size>
    <sample-type>2</sample-type>
  </header>
  - <patientleveldata>
    - <administration>
      <provider-id>160035</provider-id>
      <discharge-yr>2018</discharge-yr>
      <discharge-month>1</discharge-month>
      <patient-id>12345</patient-id>
      <admission-source>1</admission-source>
      <principal-reason-admission>3</principal-reason-admission>
      <discharge-status>1</discharge-status>
      <survey-status>1</survey-status>
      <number-survey-attempts-mail>1</number-survey-attempts-mail>
      <language>1</language>
      <lag-time>10</lag-time>
      <supplemental-question-count>4</supplemental-question-count>
      <gender>1</gender>
      <patient-age>1</patient-age>
    </administration>
    - <patientresponse>
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      <nurse-listen>1</nurse-listen>
      <nurse-explain>1</nurse-explain>
      <call-button>1</call-button>
      <dr-courtesy-respect>1</dr-courtesy-respect>
      <dr-listen>1</dr-listen>
      <dr-explain>1</dr-explain>
      <cleanliness>1</cleanliness>
      <quiet>1</quiet>
      <bathroom-screener>1</bathroom-screener>
      <bathroom-help>1</bathroom-help>
```

# HCAHPS Survey Sample XML File Layout

```
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<pain-talk >1</pain-talk >
<pain-treat >1</pain-treat >
<new-med-screener>1</new-med-screener>
<med-for>1</med-for>
<side-effects>1</side-effects>
<discharge-screener>1</discharge-screener>
<help-after-discharge>1</help-after-discharge>
<symptoms>1</symptoms>
<overall-rate>1</overall-rate>
<recommend>1</recommend>
<ct-preferences>1</ct-preferences>
<ct-understanding>1</ct-understanding>
<ct-purpose-med>1</ct-purpose-med>
<er-admission>1</er-admission>
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<mental-health>1</mental-health>
<education>1</education>
<ethnic>1</ethnic>
<race-white>1</race-white>
<race-african-amer>0</race-african-amer>
<race-asian>0</race-asian>
<race-hi-pacific-islander>0</race-hi-pacific-islander>
<race-amer-indian-ak>0</race-amer-indian-ak>
<language-speak>1</language-speak>
</patientresponse>
</patientleveldata>
- <patientleveldata>
  - <administration>
    <provider-id>160035</provider-id>
    <discharge-yr>2018</discharge-yr>
    <discharge-month>1</discharge-month>
    <patient-id>24556</patient-id>
    <admission-source>1</admission-source>
    <principal-reason-admission>3</principal-reason-admission>
    <discharge-status>1</discharge-status>
    <survey-status>1</survey-status>
    <number-survey-attempts-mail>1</number-survey-attempts-mail>
    <language>1</language>
    <lag-time>10</lag-time>
    <supplemental-question-count>4</supplemental-question-count>
    <gender>1</gender>
    <patient-age>1</patient-age>
  </administration>
```



# HCAHPS Survey Sample XML File Layout

```
- <patientresponse>  
  <nurse-courtesy-respect>1</nurse-courtesy-respect>  
  <nurse-listen>1</nurse-listen>  
  <nurse-explain>1</nurse-explain>  
  <call-button>1</call-button>  
  <dr-courtesy-respect>1</dr-courtesy-respect>  
  <dr-listen>1</dr-listen>  
  <dr-explain>1</dr-explain>  
  <cleanliness>1</cleanliness>  
  <quiet>1</quiet>  
  <bathroom-screener>1</bathroom-screener>  
  <bathroom-help>1</bathroom-help>  
  <pain-screener>1</pain-screener>  
  <pain-talk>1</pain-talk>  
  <pain-treat>1</pain-treat>  
  <new-med-screener>1</new-med-screener>  
  <med-for>1</med-for>  
  <side-effects>1</side-effects>  
  <discharge-screener>1</discharge-screener>  
  <help-after-discharge>1</help-after-discharge>  
  <symptoms>1</symptoms>  
  <overall-rate>1</overall-rate>  
  <recommend>1</recommend>  
  <ct-preferences>1</ct-preferences>  
  <ct-understanding>1</ct-understanding>  
  <ct-purpose-med>1</ct-purpose-med>  
  <er-admission>1</er-admission>  
  <overall-health>1</overall-health>  
  <mental-health>1</mental-health>  
  <education>1</education>  
  <ethnic>1</ethnic>  
  <race-white>1</race-white>  
  <race-african-amer>0</race-african-amer>  
  <race-asian>0</race-asian>  
  <race-hi-pacific-islander>0</race-hi-pacific-islander>  
  <race-amer-indian-ak>0</race-amer-indian-ak>  
  <language-speak>1</language-speak>  
</patientresponse>  
</patientleveldata>  
</monthlydata>
```

# HCAHPS Survey Sample XML File Layout

## Sample XML File Layout with DSRS V4.0

```
- <monthlydata xmlns="http://hcahps.ifmc.org"
  xmlns:xsi="http://www.w3.org/2018/XMLSchema-instance">
  - <header>
    <provider-name>Some Hospital</provider-name>
    <provider-id>160035</provider-id>
    <npi>1234567893</npi>
    <discharge-yr>2018</discharge-yr>
    <discharge-month>1</discharge-month>
    <survey-mode>1</survey-mode>
    <determination-of-service-line>1</determination-of-service-line>
    <number-eligible-discharge>700</number-eligible-discharge>
    <sample-size>600</sample-size>
    <sample-type>3</sample-type>
  - <dsrs-strata>
    <strata-name>strata one</strata-name>
    <dsrs-eligible>250</dsrs-eligible>
    <dsrs-samplesize>240</dsrs-samplesize>
  </dsrs-strata>
  - <dsrs-strata>
    <strata-name>strata two</strata-name>
    <dsrs-eligible>240</dsrs-eligible>
    <dsrs-samplesize>240</dsrs-samplesize>
  </dsrs-strata>
  - <dsrs-strata>
    <strata-name>strata three</strata-name>
    <dsrs-eligible>210</dsrs-eligible>
    <dsrs-samplesize>120</dsrs-samplesize>
  </dsrs-strata>
  </header>
  - <patientleveldata>
    - <administration>
      <provider-id>160035</provider-id>
      <discharge-yr>2018</discharge-yr>
      <discharge-month>1</discharge-month>
      <patient-id>12345</patient-id>
      <admission-source>1</admission-source>
      <principal-reason-admission>3</principal-reason-admission>
      <discharge-status>1</discharge-status>
      <strata-name>strata one</strata-name>
      <survey-status>1</survey-status>
      <number-survey-attempts-mail>1</number-survey-attempts-mail>
      <language>1</language>
      <lag-time>10</lag-time>
      <supplemental-question-count>4</supplemental-question-count>
```

# HCAHPS Survey Sample XML File Layout

```
<gender>1</gender>
<patient-age>1</patient-age>
</administration>
- <patientresponse>
  <nurse-courtesy-respect>1</nurse-courtesy-respect>
  <nurse-listen>1</nurse-listen>
  <nurse-explain>1</nurse-explain>
  <call-button>1</call-button>
  <dr-courtesy-respect>1</dr-courtesy-respect>
  <dr-listen>1</dr-listen>
  <dr-explain>1</dr-explain>
  <cleanliness>1</cleanliness>
  <quiet>1</quiet>
  <bathroom-screener>1</bathroom-screener>
  <bathroom-help>1</bathroom-help>
  <pain-screener>1</pain-screener>
  <pain-talk>1</pain-talk>
  <pain-treat>1</pain-treat>
  <new-med-screener>1</new-med-screener>
  <med-for>1</med-for>
  <side-effects>1</side-effects>
  <discharge-screener>1</discharge-screener>
  <help-after-discharge>1</help-after-discharge>
  <symptoms>1</symptoms>
  <overall-rate>1</overall-rate>
  <recommend>1</recommend>
  <ct-preferences>1</ct-preferences>
  <ct-understanding>1</ct-understanding>
  <ct-purpose-med>1</ct-purpose-med>
  <er-admission>1</er-admission>
  <overall-health>1</overall-health>
  <mental-health>1</mental-health>
  <education>1</education>
  <ethnic>1</ethnic>
  <race-white>1</race-white>
  <race-african-amer>0</race-african-amer>
  <race-asian>0</race-asian>
  <race-hi-pacific-islander>0</race-hi-pacific-islander>
  <race-amer-indian-ak>0</race-amer-indian-ak>
  <language-speak>1</language-speak>
</patientresponse>
</patientleveldata>
- <patientleveldata>
  - <administration>
    <provider-id>160035</provider-id>
    <discharge-yr>2018</discharge-yr>
```

# HCAHPS Survey Sample XML File Layout

```
<discharge-month>1</discharge-month>
<patient-id>22256</patient-id>
<admission-source>1</admission-source>
<principal-reason-admission>3</principal-reason-admission>
<discharge-status>1</discharge-status>
<strata-name>strata two</strata-name>
<survey-status>1</survey-status>
<number-survey-attempts-mail>1</number-survey-attempts-mail>
<language>1</language>
<lag-time>10</lag-time>
<supplemental-question-count>4</supplemental-question-count>
<gender>1</gender>
<patient-age>1</patient-age>
</administration>
- <patientresponse>
  <nurse-courtesy-respect>1</nurse-courtesy-respect>
  <nurse-listen>1</nurse-listen>
  <nurse-explain>1</nurse-explain>
  <call-button>1</call-button>
  <dr-courtesy-respect>1</dr-courtesy-respect>
  <dr-listen>1</dr-listen>
  <dr-explain>1</dr-explain>
  <cleanliness>1</cleanliness>
  <quiet>1</quiet>
  <bathroom-screener>1</bathroom-screener>
  <bathroom-help>1</bathroom-help>
  <pain-screener>1</pain-screener>
  <pain-talk>1</pain-talk>
  <pain-treat>1</pain-treat>
  <new-med-screener>1</new-med-screener>
  <med-for>1</med-for>
  <side-effects>1</side-effects>
  <discharge-screener>1</discharge-screener>
  <help-after-discharge>1</help-after-discharge>
  <symptoms>1</symptoms>
  <overall-rate>1</overall-rate>
  <recommend>1</recommend>
  <ct-preferences>1</ct-preferences>
  <ct-understanding>1</ct-understanding>
  <ct-purpose-med>1</ct-purpose-med>
  <er-admission>1</er-admission>
  <overall-health>1</overall-health>
  <mental-health>1</mental-health>
  <education>1</education>
  <ethnic>1</ethnic>
  <race-white>1</race-white>
```

# HCAHPS Survey Sample XML File Layout

```
<race-african-amer>0</race-african-amer>
<race-asian>0</race-asian>
<race-hi-pacific-islander>0</race-hi-pacific-islander>
<race-amer-indian-ak>0</race-amer-indian-ak>
<language-speak>1</language-speak>
</patientresponse>
</patientleveldata>
- <patientleveldata>
  - <administration>
    <provider-id>160035</provider-id>
    <discharge-yr>2018</discharge-yr>
    <discharge-month>1</discharge-month>
    <patient-id>12666</patient-id>
    <admission-source>1</admission-source>
    <principal-reason-admission>3</principal-reason-admission>
    <discharge-status>1</discharge-status>
    <strata-name>strata three</strata-name>
    <survey-status>1</survey-status>
    <number-survey-attempts-mail>1</number-survey-attempts-mail>
    <language>1</language>
    <supplemental-question-count>4</supplemental-question-count>
    <gender>1</gender>
    <patient-age>1</patient-age>
  </administration>
  - <patientresponse>
    <nurse-courtesy-respect>1</nurse-courtesy-respect>
    <nurse-listen>1</nurse-listen>
    <nurse-explain>1</nurse-explain>
    <call-button>1</call-button>
    <dr-courtesy-respect>1</dr-courtesy-respect>
    <dr-listen>1</dr-listen>
    <dr-explain>1</dr-explain>
    <cleanliness>1</cleanliness>
    <quiet>1</quiet>
    <bathroom-screener>1</bathroom-screener>
    <bathroom-help>1</bathroom-help>
    <pain-screener >1</pain-screener >
    <pain-talk >1</pain-talk>
    <pain-treat>1</pain-treat>
    <new-med-screener>1</new-med-screener>
    <med-for>1</med-for>
    <side-effects>1</side-effects>
    <discharge-screener>1</discharge-screener>
    <help-after-discharge>1</help-after-discharge>
    <symptoms>1</symptoms>
    <overall-rate>1</overall-rate>
```

# HCAHPS Survey Sample XML File Layout

```
<recommend>1</recommend>  
<ct-preferences>1</ct-preferences>  
<ct-understanding>1</ct-understanding>  
<ct-purpose-med>1</ct-purpose-med>  
<er-admission>1</er-admission>  
<overall-health>1</overall-health>  
<mental-health>1</mental-health>  
<education>1</education>  
<ethnic>1</ethnic>  
<race-white>1</race-white>  
<race-african-amer>0</race-african-amer>  
<race-asian>0</race-asian>  
<race-hi-pacific-islander>0</race-hi-pacific-islander>  
<race-amer-indian-ak>0</race-amer-indian-ak>  
<language-speak>1</language-speak>  
</patientresponse>  
</patientleveldata>  
</monthlydata>
```