

HCAHPS Survey

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.
- ◆ 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*

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Please note: Questions 1-29 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires September 30, 2024)

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

YOUR CARE FROM NURSES

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

- 1 Never
2 Sometimes
3 Usually
4 Always

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

- 1 Never
2 Sometimes
3 Usually
4 Always

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

- 1 Never
2 Sometimes
3 Usually
4 Always

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

- 1 Never
2 Sometimes
3 Usually
4 Always
9 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?
- 1 Never
2 Sometimes
3 Usually
4 Always
6. During this hospital stay, how often did doctors listen carefully to you?
- 1 Never
2 Sometimes
3 Usually
4 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
- 1 Never
2 Sometimes
3 Usually
4 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- 1 Never
2 Sometimes
3 Usually
4 Always
9. During this hospital stay, how often was the area around your room quiet at night?
- 1 Never
2 Sometimes
3 Usually
4 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?
- 1 Yes
2 No → If 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?
- 1 Never
2 Sometimes
3 Usually
4 Always
12. During this hospital stay, were you given any medicine that you had not taken before?
- 1 Yes
2 No → If No, Go to Question 15
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- 1 Never
2 Sometimes
3 Usually
4 Always
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- 1 Never
2 Sometimes
3 Usually
4 Always

WHEN YOU LEFT THE HOSPITAL

15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
- 1 Own home
 - 2 Someone else's home
 - 3 Another health facility → If Another, Go to Question 18
16. 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?
- 1 Yes
 - 2 No
17. 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?
- 1 Yes
 - 2 No

OVERALL RATING OF HOSPITAL

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

18. 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 0 Worst hospital possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best hospital possible

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

- 1 Definitely no
- 2 Probably no
- 3 Probably yes
- 4 Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

20. 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.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

22. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 5 I was not given any medication when I left the hospital

ABOUT YOU

There are only a few remaining items left.

23. During this hospital stay, were you admitted to this hospital through the Emergency Room?

- 1 Yes
- 2 No

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

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

25. In general, how would you rate your overall mental or emotional health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

26. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 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

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

- 1 No, not Spanish/Hispanic/Latino
- 2 Yes, Puerto Rican
- 3 Yes, Mexican, Mexican American, Chicano
- 4 Yes, Cuban
- 5 Yes, other Spanish/Hispanic/Latino

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

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native

29. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Chinese
- 4 Russian
- 5 Vietnamese
- 6 Portuguese
- 7 German
- 8 Tagalog
- 9 Arabic
- 20 Some other language (please print): _____

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Questions 1-19 and 23-29 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 20-22) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.

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- 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?
- 10 Never
 - 20 Sometimes
 - 30 Usually
 - 40 Always
6. During this hospital stay, how often did doctors listen carefully to you?
- 10 Never
 - 20 Sometimes
 - 30 Usually
 - 40 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
- 10 Never
 - 20 Sometimes
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THE HOSPITAL ENVIRONMENT

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YOUR EXPERIENCES IN THIS HOSPITAL

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 - 20 Sometimes
 - 30 Usually
 - 40 Always

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

- ¹0 Never
- ²0 Sometimes
- ³0 Usually
- ⁴0 Always

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

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16. 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?

- ¹0 Yes
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17. 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?

- ¹0 Yes
- ²0 No

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- ¹0 1
- ²0 2
- ³0 3
- ⁴0 4
- ⁵0 5
- ⁶0 6
- ⁷0 7
- ⁸0 8
- ⁹0 9
- ¹⁰0 10 Best hospital possible

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

- ¹0 Definitely no
- ²0 Probably no
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- ⁴0 Definitely yes

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- ¹0 Strongly disagree
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- ⁴0 Strongly agree

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- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native

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- Spanish
- Chinese
- Russian
- Vietnamese
- Portuguese
- German
- Tagalog
- Arabic
- Some other language (please print):

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Sample Initial Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you were recently a patient at [NAME OF HOSPITAL] and discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. Because you had a recent hospital stay, we are asking for your help.

The enclosed survey is part of an effort to understand how patients view their hospital care. Questions 1-29 in the survey are sponsored by the United States Department of Health and Human Services and should take about 7 minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(www.medicare.gov/care-compare\)](http://www.medicare.gov/care-compare).

After you have completed the survey, please return it in the enclosed pre-paid envelope. If you have any questions about the survey, please call this toll-free number: 1-xxx-xxx-xxxx.

We greatly appreciate your help in improving hospital care.

Sincerely,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Sample Follow-up Cover Letter for the HCAHPS Survey

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

A few weeks ago, we sent you a survey asking for your feedback on your recent experience at [NAME OF HOSPITAL] discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now.

The enclosed survey is part of an effort to understand how patients view their hospital care. Questions 1-29 in the survey are sponsored by the United States Department of Health and Human Services and should take about 7 minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(www.medicare.gov/care-compare\)](https://www.medicare.gov/care-compare).

After you have completed the survey, please return it in the enclosed pre-paid envelope. If you have any questions about the survey, please call this toll-free number: 1-xxx-xxx-xxxx.

We greatly appreciate your help in improving hospital care.

Sincerely,

[HOSPITAL ADMINISTRATOR]

[HOSPITAL NAME]

Survey and Cover Letter Required Language

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981 (Expires September 30, 2024). The time required to complete this information collected is estimated to average 7 minutes for questions 1-29 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Mandatory Transition Statement if Supplemental Items Are Added

The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s) to indicate a transition from the HCAHPS questions (Questions 1-29) to the hospital-specific supplemental question or questions.

The following statement must be placed immediately before the addition of a single supplemental question:

Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The following question is from [NAME OF HOSPITAL] to gather additional feedback about your hospital stay and will not be shared with HHS.

The following statement must be placed immediately before the addition of more than one supplemental question:

Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The following questions are from [NAME OF HOSPITAL] to gather additional feedback about your hospital stay and will not be shared with HHS.

Unique Identifier Language

The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Copyright Statement

The following copyright statement must be included on the questionnaire, preferably on the last page:

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Reply-by Date (Optional)

*The following two options are available for adding a reply-by date to the **follow-up cover letter**.*

Placed above the salutation, such as:

Please reply by: [DATE (mm/dd/yyyy)].

In the fourth paragraph after the sentence, “After you have completed the survey, please return it in the enclosed pre-paid envelope.” An example of allowable reply-by text includes:

Please fill out the enclosed survey and mail it by [DATE (mm/dd/yyyy)] in the pre-paid envelope.