Hospital Experience Survey

SURVEY INSTRUCTIONS

- This survey asks about you and the care you received during the hospital stay named in the cover letter.
- 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 1-32 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2027)

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?

- ☐ 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

YOUR CARE FROM DOCTORS

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

THE HOSPITAL ENVIRONMENT

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

8. During this hospital stay, how often were you able to get the rest you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR CARE IN THIS HOSPITAL

10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No ➔ **If No, Go to Question 14**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I never asked for help right away

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

- ☐ Yes
- ☐ No ➔ **If No, Go to Question 18**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

LEAVING THE HOSPITAL

19. Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No
- ☐ I did not have family or a caregiver watch for symptoms or health problems

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

- ☐ Own home
- ☐ Someone else's home
- ☐ Another health facility ➔ **If Another, Go to Question 24**

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

OVERALL RATING OF HOSPITAL

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

24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

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

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

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

ABOUT YOU

There are only a few remaining items left.

26. Was this hospital stay planned in advance?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

29. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Another language

30. What is the highest grade or level of school that you have <u>completed</u>?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

31. Are you of Spanish, Hispanic or Latino origin?

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

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

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

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, 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]

Hospital Experience Survey

SURVEY INSTRUCTIONS

- This survey asks about you and the care you received during the hospital stay named in the cover letter.
- Answer <u>all</u> the questions by completely filling in the circle to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

  0 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 1-32 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2027)

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 <u>courtesy and respect</u>?

0 Never
0 Sometimes
0 Usually
0 Always

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

0 Never
0 Sometimes
0 Usually
0 Always

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

0 Never
0 Sometimes
0 Usually
0 Always

YOUR CARE FROM DOCTORS

4. During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>?

0 Never
0 Sometimes
0 Usually
0 Always

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

0 Never
0 Sometimes
0 Usually
0 Always

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

0 Never
0 Sometimes
0 Usually
0 Always

THE HOSPITAL ENVIRONMENT

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

0 Never
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0 Usually
0 Always

8. During this hospital stay, how often were you able to get the rest you needed?

0 Never
0 Sometimes
0 Usually
0 Always

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

0 Never
0 Sometimes
0 Usually
0 Always

YOUR CARE IN THIS HOSPITAL

10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?

0 Never
0 Sometimes
0 Usually
0 Always

11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?

0 Never
0 Sometimes
0 Usually
0 Always

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

0 Yes
0 No ➔ **If No, Go to Question 14**

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

0 Never
0 Sometimes
0 Usually
0 Always

14. During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?

0 Never
0 Sometimes
0 Usually
0 Always
0 I never asked for help right away

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

0 Yes
0 No ➔ **If No, Go to Question 18**

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

0 Never
0 Sometimes
0 Usually
0 Always

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

0 Never
0 Sometimes
0 Usually
0 Always

18. During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?

0 Yes, definitely
0 Yes, somewhat
0 No

LEAVING THE HOSPITAL

19. Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?

0 Yes, definitely
0 Yes, somewhat
0 No

20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?

0 Yes, definitely
0 Yes, somewhat
0 No
0 I did not have family or a caregiver watch for symptoms or health problems

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

0 Own home
0 Someone else's home
0 Another health facility ➔ **If Another, Go to Question 24**

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

0 Yes
0 No

23. 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?

0 Yes
0 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.

24. 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
0 1
0 2
0 3
0 4
0 5
0 6
0 7
0 8
0 9
0 10 Best hospital possible

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

0 Definitely no
0 Probably no
0 Probably yes
0 Definitely yes

ABOUT YOU

There are only a few remaining items left.

26. Was this hospital stay planned in advance?

0 Yes, definitely
0 Yes, somewhat
0 No

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

0 Excellent
0 Very good
0 Good
0 Fair
0 Poor

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

0 Excellent
0 Very good
0 Good
0 Fair
0 Poor

29. What language do you mainly speak at home?

0 English
0 Spanish
0 Chinese
0 Another language

30. What is the highest grade or level of school that you have <u>completed</u>?

- 0 8th grade or less
- 0 Some high school, but did not graduate
- 0 High school graduate or GED
- 0 Some college or 2-year degree
- 0 4-year college graduate
- 0 More than 4-year college degree

31. Are you of Spanish, Hispanic or Latino origin?

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

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

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

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, 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]

Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:

- ***Mail Only (first survey mailing for all sampled patients)***
- ***Mail-Phone (first and only survey mailing for all sampled patients)***
- ***Web-Mail (first survey mailing for sampled patients with no email address)***
- ***Web-Mail-Phone (first and only survey mailing for sampled patients with no email address)***

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Our records show that you were recently a patient at **[HOSPITAL NAME]** and discharged on [**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. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** 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).

After you have completed the survey, please return it in the pre-paid envelope. If you have any questions about the enclosed survey, please call this (OPTIONAL TO STATE toll-free) number: **[PHONE NUMBER]** (OPTIONAL TO STATE or email us at **[EMAIL ADDRESS]**).

We greatly appreciate your help in improving hospital care.

Sincerely,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).

Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:

- ***Mail Only (second survey mailing for sampled patients who did not complete the first mail wave survey)***
- ***Web-Mail (first survey mailing for sampled patients with email address who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)***
- ***Web-Mail-Phone (first and only survey mailing for sampled patients with email address who did not previously complete the web survey)***

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear **[SAMPLED PATIENT FIRST AND LAST NAME]**:

Earlier we asked for your feedback on your recent experience at **[NAME OF HOSPITAL]** discharged on **[MM/DD/YYYY]**. If you have already sent in the survey, 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. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** 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).

After you have completed the survey, please return it in the pre-paid envelope. If you have any questions about the enclosed survey, please call this (OPTIONAL TO STATE toll-free) number: **[PHONE NUMBER]** (OPTIONAL TO STATE or email us at **[EMAIL ADDRESS]**).

We greatly appreciate your help in improving hospital care.

Sincerely,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).

Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Cover Letters

The following sentences must appear verbatim on each cover letter:

1. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about **[NUMBER]** minutes to complete.

2. Your participation is voluntary and your answers will be kept private.

3. 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).

4. We greatly appreciate your help in improving hospital care.

*Note: The **[NUMBER]** of minutes to answer the HCAHPS Survey questions 1-32 should equal "8." If hospital-specific supplemental items (limit of 12) are added, the **[NUMBER]** of minutes should be populated as follows:*

- *If 1 to 5 supplemental items are added, "**[NUMBER]**" should equal "9"*
- *If 6 to 9 supplemental items are added, "**[NUMBER]**" should equal "10"*
- *If 10 to 12 supplemental items are added, "**[NUMBER]**" should equal "11"*

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 November 30, 2027). The time required to complete this information collected is estimated to average 8 minutes for questions 1-32 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), limit of 12, to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question(s).

Questions 1-32 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. Any additional questions are from **[NAME OF HOSPITAL]** to get more 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 last page of the questionnaire:

Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

Spanish Survey Request

The following note must appear on each English cover letter to offer the HCAHPS Survey in Spanish:

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al **[PHONE NUMBER]** de **[WEEKDAY]** a **[WEEKDAY]** entre las **[TIME]** y **[TIME]**, **[INSERT TIME ZONE]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**).