HCAHPS

Web Survey (English)

PROGRAMMING SPECIFICATIONS

HCAHPS Survey Questions:

- *Display only one survey item per web screen*
- *When displayed, "BACK" button appears in the lower left of each web screen*
- *When displayed, "NEXT" button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

Formatting:

- *Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

Welcome Web Screen:

- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The **[NUMBER]** of minutes to answer the HCAHPS 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"*
- *Display customer support phone number (optional to provide customer support email address)*

OMB Paperwork Reduction Act Language and Copyright Statement:

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey "START" button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey "SUBMIT" button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

Supplemental Items:

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the header used for the transition statement as the supplemental item header or use text that aligns with the subject of the item(s). Supplemental item headers must **not** repeat the HCAHPS question headers.*
  - *Each supplemental item must display a "BACK" button in the lower left of each web screen*
  - *Each supplemental item must display a "NEXT" button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the **[NUMBER]** of minutes based on the count of supplemental items added*

WELCOME TO THE HOSPITAL EXPERIENCE SURVEY

Please tell us about your recent hospital stay at **[NAME OF HOSPITAL]** ending on **[DATE OF DISCHARGE (MM/DD/YYYY)].**

- You will need about **[NUMBER]** minutes to answer the survey questions [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]
- Participation in the survey is voluntary
- Do not include any other hospital stays in your answers
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please call us (OPTIONAL TO STATE toll-free) at **[PHONE NUMBER]** (OPTIONAL TO STATE or email us at **[EMAIL ADDRESS]**). Thank you.

Click START to begin the survey.

START

YOUR CARE FROM NURSES

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

YOUR CARE FROM NURSES

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

YOUR CARE FROM NURSES

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

YOUR CARE FROM DOCTORS

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

YOUR CARE FROM DOCTORS

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

YOUR CARE FROM DOCTORS

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

THE HOSPITAL ENVIRONMENT

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

THE HOSPITAL ENVIRONMENT

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

THE HOSPITAL ENVIRONMENT

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

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

BACK NEXT

YOUR CARE IN THIS HOSPITAL

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

BACK NEXT

YOUR CARE IN THIS HOSPITAL

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

BACK NEXT

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"
- *SKIP TO Q14*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

YOUR CARE IN THIS HOSPITAL

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

BACK NEXT

YOUR CARE IN THIS HOSPITAL

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

BACK NEXT

YOUR CARE IN THIS HOSPITAL

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"
- *SKIP TO Q18*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

YOUR CARE IN THIS HOSPITAL

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

YOUR CARE IN THIS HOSPITAL

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

BACK NEXT

YOUR CARE IN THIS HOSPITAL

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

- ○ Yes, definitely
- ○ Yes, somewhat
- ○ No

BACK NEXT

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

BACK NEXT

LEAVING THE HOSPITAL

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

BACK NEXT

LEAVING THE HOSPITAL

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

BACK NEXT

[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"
- *SKIP TO Q24*
- *STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

LEAVING THE HOSPITAL

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

BACK NEXT

LEAVING THE HOSPITAL

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

BACK NEXT

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at **[HOSPITAL NAME]** ending on **[DISCHARGE MM/DD/YYYY].** 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

BACK NEXT

OVERALL RATING OF HOSPITAL

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

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

BACK NEXT

ABOUT YOU

26. Was this hospital stay planned in advance?

- ○ Yes, definitely
- ○ Yes, somewhat
- ○ No

BACK NEXT

ABOUT YOU

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

ABOUT YOU

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

ABOUT YOU

29. What language do you mainly speak at home?

- ○ English
- ○ Spanish
- ○ Chinese
- ○ Another language

BACK NEXT

ABOUT YOU

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

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

BACK NEXT

ABOUT YOU

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

BACK NEXT

ABOUT YOU

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

BACK NEXT

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED (LIMIT OF 12) THE MANDATORY TRANSITION STATEMENT INCLUDING THE HEADER MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

MORE QUESTIONS ABOUT YOUR EXPERIENCES IN THIS HOSPITAL

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.

BACK NEXT

THANK YOU

You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to end the survey. Thank you for your time.

BACK SUBMIT

SAMPLE INITIAL EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the first email to sampled patients with an email address, for the following modes:

- ***Web-Mail***
- ***Web-Phone***
- ***Web-Mail-Phone***

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Please tell us about **[HOSPITAL NAME]**

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

We are asking you to complete a survey about **[HOSPITAL NAME]**.

To answer the survey, please click here. **[PERSONALIZED LINK TO SURVEY]**

The 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).

If you have any questions about this 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,
[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 REMINDER EMAIL INVITATION

PROGRAMMING SPECIFICATIONS

Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:

- ***Web-Mail (second and third email invitation)***
- ***Web-Phone (second and third email invitation)***
- ***Web-Mail-Phone (second email invitation)***

From: **[SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]**

To: **[SAMPLED PATIENT EMAIL ADDRESS]**

Subject: Please tell us about **[HOSPITAL NAME]**

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

A few days ago, we sent you an email asking for your feedback on **[HOSPITAL NAME]**. If you have already completed the survey, please accept our thanks and disregard this message. However, if you have not yet completed the survey, please take a few minutes and complete it now.

To answer the survey, please click here. **[PERSONALIZED LINK TO SURVEY]**

The 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).

If you have any questions about this 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,
[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]**).

Web Survey and Email Invitation Required Language

For the full set of requirements for the HCAHPS web survey and email invitations, please see the HCAHPS Quality Assurance Guidelines, Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters.

Verbatim Language on the Email Invitations

The following sentences must appear verbatim on each email invitation:

1. *Subject line:* Please tell us about **[HOSPITAL NAME]**

2. *Initial Email Invitation first sentence:* We are asking you to complete a survey about **[HOSPITAL NAME]**.

3. *Reminder Email Invitation first sentence:* A few days ago, we sent you an email for your feedback on **[HOSPITAL NAME]**.

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

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

6. 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).

7. 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 on the Welcome web screen and appear below the survey "START" button. 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 TBD). 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 including the header must be placed on a separate web screen immediately before the first supplemental item web screen as follows.

Header:

MORE QUESTIONS ABOUT YOUR EXPERIENCES IN THIS HOSPITAL

Statement:

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.

Copyright Statement

The following copyright statement must be displayed on the Thank You web screen and appear below the survey "SUBMIT" button:

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 email invitation beneath the signature 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]**).

Unsubscribe/Opt-out Language (Optional)

An Unsubscribe statement is <u>not</u> required to be included in the email invitations. However, if an Unsubscribe statement is added, it should appear at the bottom of the email invitations as follows:

If you prefer not to receive further emails asking you to take this survey about this hospital stay, please click Unsubscribe.

If clicking the Unsubscribe link takes the patient to a new page, that page MUST include the following statement:

We will remove you from future emails for this survey about this hospital stay.