



OMB Control Number: 0938-0981

VISITORS AND FAMILY

Table with 5 columns: very poor, poor, fair, good, very good. 3 rows of questions about visitor accommodations and staff helpfulness.

Comments (describe good or bad experience):

PHYSICIAN

Table with 5 columns: very poor, poor, fair, good, very good. 5 rows of questions about physician time, concern, communication, and skill.

Comments (describe good or bad experience):

DISCHARGE

Table with 5 columns: very poor, poor, fair, good, very good. 3 rows of questions about discharge readiness, speed, and instructions.

Comments (describe good or bad experience):

PERSONAL ISSUES

Table with 5 columns: very poor, poor, fair, good, very good. 8 rows of questions about privacy, pain control, emotional needs, and staff effort.

Comments (describe good or bad experience):

OVERALL ASSESSMENT

Table with 5 columns: very poor, poor, fair, good, very good. 3 rows of questions about staff teamwork, recommendation, and overall rating.

Comments (describe good or bad experience):

Patient's Name: Telephone Number:

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



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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 completely filling in the circle to the left of your answer.

No -> If No, Go to Question 1

Please answer the questions in this survey about your stay at Thomas Jefferson University Hospital. Do not include any other hospital stays in your answers.

Please use black or blue ink to fill in the circle completely. Example: ●

YOUR CARE FROM NURSES

- 1. During this hospital stay, how often did nurses treat you with courtesy and respect?
2. During this hospital stay, how often did nurses listen carefully to you?
3. During this hospital stay, how often did nurses explain things in a way you could understand?
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

YOUR CARE FROM DOCTORS

- 5. During this hospital stay, how often did doctors treat you with courtesy and respect?
6. During this hospital stay, how often did doctors listen carefully to you?
7. During this hospital stay, how often did doctors explain things in a way you could understand?

THE HOSPITAL ENVIRONMENT

- 8. During this hospital stay, how often were your room and bathroom kept clean?
9. During this hospital stay, how often was the area around your room quiet at night?

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?
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
12. During this hospital stay, did you need medicine for pain?
13. During this hospital stay, how often was your pain well controlled?
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

Draft

(continued...)

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

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
 Own home
 Someone else's home
 Another health facility → **If Another, Go to Question 21**
19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
 Yes
 No
20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
 Yes
 No

OVERALL RATING OF HOSPITAL

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

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
 0 Worst hospital possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?
 Definitely no
 Probably no
 Probably yes
 Definitely yes

ABOUT YOU

23. In general, how would you rate your overall health?
 Excellent
 Very good
 Good
 Fair
 Poor
24. 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

25. Are you of Spanish, Hispanic or Latino origin or descent?
 No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino

26. What is your race? Please choose one or more.
 White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native

27. What language do you mainly speak at home?
 English
 Spanish
 Some other language (please print):

ADDITIONAL QUESTIONS ABOUT YOUR STAY
 Now that we have asked you to tell us about what happened during your stay, we want to ask you about how well we met your needs.

INSTRUCTIONS: Fill in the circle that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on your experiences.

	very poor	poor	fair	good	very good
	1	2	3	4	5
<u>ADMISSION</u>					
1. Speed of admission process.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Courtesy of the person who admitted you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Rating of pre-admission process (if any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

	very poor	poor	fair	good	very good
<u>ROOM</u>					
1. Pleasantness of room decor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Room cleanliness.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of the person who cleaned your room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Room temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Noise level in and around room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

	very poor	poor	fair	good	very good
<u>MEALS</u>					
1. Temperature of the food (cold foods cold, hot foods hot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Quality of the food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of the person who served your food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

	very poor	poor	fair	good	very good
<u>NURSES</u>					
1. Friendliness/courtesy of the nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Promptness in responding to the call button	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nurses' attitude toward your requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Amount of attention paid to your special or personal needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How well the nurses kept you informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Skill of the nurses.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Nurses' sensitivity and responsiveness to pain you may have experienced in the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

	very poor	poor	fair	good	very good
<u>TESTS AND TREATMENTS</u>					
1. Waiting time for tests or treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Explanations about what would happen during tests or treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of the person who took your blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Courtesy of the person who started the IV.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall rating of rehab services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

(continued...)