



YOUR HOSPITAL / FACILITY STAY

MARKING INSTRUCTIONS:

Please **fill in ●** or **place a check ✓** in the circle that best describes your experience during your hospital stay. If you wish, a caregiver, friend, or family member can complete this survey on your behalf. Thank you!

WHEN YOU ARRIVED AT THE HOSPITAL

1. Were you:

- ₁ Admitted through the Emergency Department (12)
₂ Admitted through a planned admission by your doctor
₃ Admitted unexpectedly after a day procedure or test
₄ Other

2. How organized was the admission process?

- ₁ Not at all organized ₂ Somewhat organized ₃ Very organized (13)

3. Do you feel you had to wait an unnecessarily long time to go to your room?

- ₁ Yes, definitely ₂ Yes, somewhat ₃ No (14)

4. Did the hospital staff ask you what medicines and supplements you were taking at home?

- ₁ Yes ₂ No ₃ Do not know / Do not remember / Not applicable (15)

YOUR CARE FROM NURSES

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

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (16)

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

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (17)

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

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (18)

8. 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 ₅ I never pressed the call button (19)

YOUR CARE FROM DOCTORS

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

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (20)

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

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (21)

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

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (22)

THE HOSPITAL ENVIRONMENT

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

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (23)

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

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (24)

YOUR EXPERIENCES IN THIS HOSPITAL

14. 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 → Go to Q16 (25)

15. 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 (26)

16. During this hospital stay, did you need medicine for pain?

- ₁ Yes ₂ No → Go to Q19 (27)

17. During this hospital stay, how often was your pain well controlled?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (28)

18. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always (29)

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

- ₁ Yes ₂ No → Go to Q22 (30)

20. 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 (31)

21. 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 (32)

WHEN YOU LEFT THE HOSPITAL

22. 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 → Go to Q25 (33)
23. 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 (34)
24. 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 (35)

Card 02 (1-2) Dup (3-11)

OVERALL RATING OF HOSPITAL

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

25. 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 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Worst hospital possible | | | | | | | | | | Best hospital possible |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- (12-13)
26. Would you recommend this hospital to your friends and family?
₁ Definitely no ₂ Probably no ₃ Probably yes ₄ Definitely yes (14)

MORE QUESTIONS ABOUT YOUR STAY AT THE HOSPITAL

27. Do you or your family members believe that you were harmed because of a medical error or mistake during this hospital stay?
₁ Yes ₂ No ₃ Do not know / Do not remember / Not applicable (15)

If the answer for question 27 is Yes, please provide additional details:

28. Do you believe that this hospital takes your safety seriously?
₁ Yes, definitely ₂ Yes, somewhat ₃ No (16)
29. Were you given a brochure or any other written material about patient safety?
₁ Yes ₂ No ₃ Do not know / Do not remember / Not applicable (17)

30. Did a staff member talk to you about patient safety?

- ₁ Yes ₂ No ₃ Do not know / Do not remember / Not applicable (18)

31. Did you notice staff wash or disinfect their hands before caring for you?

- ₁ Yes, always ₃ Never ₅ I could not see any facilities for washing / disinfecting hands (19)
₂ Yes, sometimes ₄ I did not notice

32. Did staff check your identification band before giving you medicines, treatments, or tests?

- ₁ Yes, always ₂ Yes, sometimes ₃ No ₄ I do not remember (20)

33. How would you rate the quality of the food (how it tasted, serving temperature, variety)?

- ₁ Poor ₂ Fair ₃ Good ₄ Very good ₅ Excellent (21)

CLIENT AND FAMILY CENTRED CARE

In answering the following questions, please think about the whole time you were in the hospital.

34. Do you feel that facts about your health and treatment plan were explained fully, clearly and in a useful way?

- ₁ Yes ₃ No (22)
₂ Sometimes ₄ Do not know / Do not remember/ Not applicable

35. Was your family/support person encouraged to participate in your care and treatment plan?

- ₁ Yes ₃ No (23)
₂ Sometimes ₄ Do not know / Do not remember/ Not applicable

36. The hospital staff consulted me or my family or caregiver in making decisions about my care.

- ₁ Strongly disagree (24)
₂ Disagree
₃ Agree
₄ Strongly agree
₅ Don't know / Don't remember / Not applicable

37. The hospital staff took my cultural values and those of my family or caregiver into account.

- ₁ Strongly disagree (25)
₂ Disagree
₃ Agree
₄ Strongly agree
₅ Don't know / Don't remember / Not applicable

38. The hospital staff provided me and my family or caregiver with emotional support and counseling.

- ₁ Strongly disagree (26)
₂ Disagree
₃ Agree
₄ Strongly agree
₅ Don't know / Don't remember / Not applicable

GOING HOME

39. The hospital 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 the hospital.

- O₁ Strongly disagree (27)
- O₂ Disagree
- O₃ Agree
- O₄ Strongly agree
- O₅ Don't know / Don't remember / Not applicable

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

- O₁ Strongly disagree (28)
- O₂ Disagree
- O₃ Agree
- O₄ Strongly agree
- O₅ Don't know / Don't remember / Not applicable

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

- O₁ Strongly disagree (29)
- O₂ Disagree
- O₃ Agree
- O₄ Strongly agree
- O₅ Don't know / Don't remember / Not applicable

42. How important was it to you that you were included in the planning for your discharge?

- O₁ Not important at all (30)
- O₂ Not that important
- O₃ Unsure
- O₄ Somewhat important
- O₅ Very important

43. How organized was the discharge process?

- O₁ Not at all organized (31)
- O₂ Somewhat organized
- O₃ Very organized
- O₄ Completely organized

44. Were you told what day you would likely be able to leave the hospital?

- O₁ Yes, within the first two days, I was told what day I would likely be able to leave the hospital (32)
- O₂ Yes, after the first two days, I was told what day I would likely be able to leave the hospital
- O₃ No, I was not told what day I would likely be able to leave the hospital
- O₄ Do not know / Do not remember / Not applicable

ABOUT YOU

45. In general, how would you rate your health?

- O₁ Excellent
- O₂ Very good
- O₃ Good
- O₄ Fair
- O₅ Poor (33)

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

- O₁ Excellent
- O₂ Very good
- O₃ Good
- O₄ Fair
- O₅ Poor (34)

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

- | | | |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------|
| <input type="radio"/> ₁ 8 th grade or less | <input type="radio"/> ₄ College, trade, or technical school diploma/certificate | (35) |
| <input type="radio"/> ₂ Some high school, but did not graduate | <input type="radio"/> ₅ Undergraduate degree | |
| <input type="radio"/> ₃ High school or GED | <input type="radio"/> ₆ Post university/graduate level education | |

48. What language do you mainly speak at home?

- | | | |
|--------------------------------------------|--------------------------------------------------------------------------|------|
| <input type="radio"/> ₁ English | <input type="radio"/> ₃ First Nation, Indian, Métis, or Inuit | (36) |
| <input type="radio"/> ₂ French | <input type="radio"/> ₄ Other _____ | |

49. Are you an Aboriginal person, that is, North American Indian, Métis or Inuit?

- | | | |
|----------------------------------------|---------------------------------------|------|
| <input type="radio"/> ₁ Yes | <input type="radio"/> ₂ No | (37) |
|----------------------------------------|---------------------------------------|------|

50. Under the Official Languages Act, you have the right to be served in either English or French. Of these two languages, which is your preference?

- | | | |
|--------------------------------------------|-------------------------------------------|------|
| <input type="radio"/> ₁ English | <input type="radio"/> ₂ French | (38) |
|--------------------------------------------|-------------------------------------------|------|

51. How often did you receive the service you needed in the official language (English or French) of your choice?

- | | | | | |
|------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------|------|
| <input type="radio"/> ₁ Never | <input type="radio"/> ₂ Sometimes | <input type="radio"/> ₃ Usually | <input type="radio"/> ₄ Always | (39) |
|------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------|------|

52. If you do not speak English or French as your primary language, was there an interpreter at the hospital that could explain everything you needed to know about the care you received?

- | | | |
|----------------------------------------|------------------------------------------------------------------|------|
| <input type="radio"/> ₁ Yes | <input type="radio"/> ₃ I do not know | (40) |
| <input type="radio"/> ₂ No | <input type="radio"/> ₄ I did not need an interpreter | |

53. Who completed this survey?

- | | | |
|--------------------------------------------|-------------------------------------------------|------|
| <input type="radio"/> ₁ Patient | <input type="radio"/> ₂ Someone else | (41) |
|--------------------------------------------|-------------------------------------------------|------|

54. Is there anything else you would like to tell us about your hospital stay or do you have any suggestions for changes that may have improved your experience?

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated.

Please use the enclosed pre-paid envelope and return this questionnaire to:

IPSOS REID CANADA
PO BOX 986 STN MAIN
SAINT JOHN, NB E2L 9Z9

This survey is adapted from HCAHPS® (Hospital Consumer Assessment of Healthcare Providers & Systems), CTM (Care Transitions Measure), and HQC (Saskatchewan Health Quality Council) questionnaires.

