

# Canadian Patient Experiences Survey

## Inpatient Care

### Survey Instructions

- You should fill out this questionnaire only if you were the patient named on the envelope. You may need to get help from a family member or friend to answer the questions. That's okay.
- Answer all the questions by checking the box to the left of your answer.
- Your response to this survey is voluntary but will provide us with important information.
- 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

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

#### YOUR CARE FROM NURSES

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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

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

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

## THE HOSPITAL ENVIRONMENT

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8. During this hospital stay, how often were your room and bathroom kept clean?
- 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 EXPERIENCES IN THIS HOSPITAL

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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?
- Yes  
 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?
- Never  
 Sometimes  
 Usually  
 Always
12. During this hospital stay, did you need medicine for pain?
- Yes  
 No →If No, go to Question 15
13. During this hospital stay, how often was your pain well controlled?
- Never  
 Sometimes  
 Usually  
 Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
- Never  
 Sometimes  
 Usually  
 Always

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

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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 health facility, 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?

| Worst hospital possible  |                          |                          |                          |                          | Best hospital possible   |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/> |

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

- Definitely no  
 Probably no  
 Probably yes  
 Definitely yes

In this next section, we ask several more questions about your stay at the hospital.

## YOUR ARRIVAL AT THE HOSPITAL

23. When you arrived at the hospital, did you go to the emergency department?

- Yes → If Yes, go to Question 26  
 No → If No, please continue to Question 24

24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process?

- Not at all  
 Partly  
 Quite a bit  
 Completely

25. Was your admission into the hospital organized?

- Not at all  
 Partly  
 Quite a bit  
 Completely
- } Go to Question 30

Answer questions 26 to 29 only if you were admitted through the emergency department.

26. When you were in the emergency department, did you get enough information about your condition and treatment?

- Not at all  
 Partly  
 Quite a bit  
 Completely

27. Were you given enough information about what was going to happen during your admission to the hospital?

- Not at all  
 Partly  
 Quite a bit  
 Completely

28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?

- Yes  
 No

29. Was your transfer from the emergency department into a hospital bed organized?

- Not at all  
 Partly  
 Quite a bit  
 Completely

## DURING YOUR HOSPITAL STAY

30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?

- Never  
 Sometimes  
 Usually  
 Always

31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?

- Never  
 Sometimes  
 Usually  
 Always

32. How often were tests and procedures done when you were told they would be done?

- Never  
 Sometimes  
 Usually  
 Always  
 I did not have any tests or procedures

33. During this hospital stay, did you get all the information you needed about your condition and treatment?

- Never  
 Sometimes  
 Usually  
 Always



**43. Do you believe that this hospital takes your safety seriously?**

- Yes, definitely
- Yes, somewhat
- No

**44. Did you feel that you needed to have a family member or a friend stay with you during your hospital stay for you to feel safe?**

- Yes
- No
- Not applicable

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

- Yes
- No
- Do not know / Do not remember / Not applicable

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

- Yes, always
- Yes, sometimes
- Never
- I did not notice
- I could not see any facilities for washing/disinfecting hands

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

- Yes, always
- Yes, sometimes
- No
- I do not remember

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

- Poor
- Fair
- Good
- Very good
- Excellent

**49. During this hospital stay, did the visiting hours for your family/friends meet your needs?**

- Never
- Sometimes
- Usually
- Always
- My family/friends did not visit

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

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Do not know/Do not remember/Not applicable

**51. 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.**

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Do not know/Do not remember/Not applicable

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

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

**53. 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?**

- English
- French

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

- Never
- Sometimes
- Usually
- Always

