

Pediatric HCAHPS Survey

SURVEY INSTRUCTIONS

- Please answer the questions in this survey about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.
- If possible, the parent or guardian who spent the most time with the child in the hospital should fill out this survey.
- Answer all the questions by completely filling in the circle to the left of your answer.
- You are sometimes told to skip over 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 → If Yes, go to #1
 - No → If No, go to #2

You may notice a number on this survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

WHEN YOUR CHILD WAS ADMITTED TO THIS HOSPITAL

1. Was your child born during this hospital stay?
 - Yes → If Yes, go to #14
 - No → If No, go to #2
2. For this hospital stay, was your child admitted through **this hospital's** Emergency Room?
 - Yes → If Yes, go to #3
 - No → If No, go to #5
3. While your child was in the Emergency Room, were you kept informed about what was being done for your child?
 - I was not at the hospital when my child was in the Emergency Room
 - Yes, definitely
 - Yes, somewhat
 - No
4. Before your child left the Emergency Room, did you understand the reasons why your child was being admitted for this hospital stay?
 - I was not at the hospital when my child was in the Emergency Room
 - Yes, definitely
 - Yes, somewhat
 - No
5. During the first day of this hospital stay, were you asked to list or review all of the **prescription medicines** your child was taking at home?
 - Yes, definitely
 - Yes, somewhat
 - No
6. During the first day of this hospital stay, were you asked to list or review all of the **vitamins, herbal medicines, and over-the-counter medicines** your child was taking at home?
 - Yes, definitely
 - Yes, somewhat
 - No

The rest of the questions are about your child's care after being admitted to this hospital. If your child was admitted through the Emergency Room, do not include what happened in the Emergency Room as you answer the rest of the questions.

7. Is your child able to talk with nurses and doctors about his or her health care?
 - Yes → If Yes, go to #8
 - No → If No, go to #14

YOUR CHILD'S EXPERIENCE WITH NURSES

The next questions ask about **YOUR CHILD** experience during this hospital stay. You will be asked about **YOUR OWN** experience during this hospital stay in later questions.

8. During this hospital stay, how often did your child's **nurses** listen carefully to **your child**?
 - Never
 - Sometimes
 - Usually
 - Always
9. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?
 - Never
 - Sometimes
 - Usually
 - Always
10. During this hospital stay, how often did your child's nurses encourage your child to ask questions?
 - Never
 - Sometimes
 - Usually
 - Always



YOUR CHILD'S EXPERIENCE WITH DOCTORS

11. During this hospital stay, how often did your child's **doctors** listen carefully to **your child**?
- Never
 Sometimes
 Usually
 Always
12. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?
- Never
 Sometimes
 Usually
 Always
13. During this hospital stay, how often did your child's doctors encourage your child to ask questions?
- Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCE WITH NURSES

14. During this hospital stay, how often did your child's **nurses** listen carefully to **you**?
- Never
 Sometimes
 Usually
 Always
15. During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?
- Never
 Sometimes
 Usually
 Always
16. During this hospital stay, how often did your child's nurses treat you with courtesy and respect?
- Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCE WITH DOCTORS

17. During this hospital stay, how often did your child's **doctors** listen carefully to **you**?
- Never
 Sometimes
 Usually
 Always

18. During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?
- Never
 Sometimes
 Usually
 Always
19. During this hospital stay, how often did your child's doctors treat you with courtesy and respect?
- Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCE WITH PROVIDERS

20. A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. During this hospital stay, how often did providers involve you as much as you wanted in discussions about your child's health care?
- Never
 Sometimes
 Usually
 Always
21. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?
- Never
 Sometimes
 Usually
 Always
22. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?
- Yes, definitely
 Yes, somewhat
 No
23. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?
- Never
 Sometimes
 Usually
 Always
24. During this hospital stay, how often did providers seem to be up-to-date about all of the care your child was receiving while in the hospital?
- Never
 Sometimes
 Usually
 Always

25. During this hospital stay, how often did providers keep you informed about what was being done for your child?
- Never
 - Sometimes
 - Usually
 - Always

26. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?
- Yes → **If Yes, go to #27**
 - No → **If No, go to #28**

27. How often did providers give you as much information as you wanted about the results of these tests?
- Never
 - Sometimes
 - Usually
 - Always

YOUR CHILD'S CARE IN THIS HOSPITAL

28. During this hospital stay, how often did providers or other hospital staff say who they were when they came into your child's room for the first time?
- Never
 - Sometimes
 - Usually
 - Always

29. During this hospital stay, did your child have any fear or stress about being in the hospital?
- Yes → **If Yes, go to #30**
 - No → **If No, go to #31**

30. During this hospital stay, how often did providers or other hospital staff help your child deal with that fear or stress about being in the hospital?
- Never
 - Sometimes
 - Usually
 - Always

31. During this hospital stay, did you or your child ever press the call button?
- Yes → **If Yes, go to #32**
 - No → **If No, go to #33**

32. After pressing the call button, how often was help given as soon as you or your child wanted it?
- Never
 - Sometimes
 - Usually
 - Always

33. During this hospital stay, was your child given any medicine?

- Yes → **If Yes, go to #34**
- No → **If No, go to #35**

34. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?

- Never
- Sometimes
- Usually
- Always

35. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?

- Yes, definitely
- Yes, somewhat
- No

36. During this hospital stay, did your child have pain that needed medicine or other treatment?

- Yes → **If Yes, go to #37**
- No → **If No, go to #39**

37. During this hospital stay, how often did providers or other hospital staff do everything they could to help your child with his or her pain?

- Never
- Sometimes
- Usually
- Always

38. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?

- Yes, definitely
- Yes, somewhat
- No

39. Sometimes people are treated in an unfair or insensitive way because of something about them or their family, like their race, income, religion, or some other thing. During this hospital stay, did providers or other hospital staff ever treat you or your child in an unfair or insensitive way because of something about you or your family?

- Yes (*Please explain:* _____

 _____)
- No



THE HOSPITAL ENVIRONMENT

40. During this hospital stay, how often were your child's room and bathroom kept clean?
- Never
 - Sometimes
 - Usually
 - Always
41. During this hospital stay, how often was the area around your child's room quiet at night?
- Never
 - Sometimes
 - Usually
 - Always
42. During this hospital stay, how often did the hospital provide a place in your child's room where you could sleep at night?
- Never
 - Sometimes
 - Usually
 - Always
43. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?
- Yes, definitely
 - Yes, somewhat
 - No

WHEN YOUR CHILD LEFT THE HOSPITAL

44. As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave?
- Yes, definitely
 - Yes, somewhat
 - No
45. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?
- Yes, definitely
 - Yes, somewhat
 - No
46. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?
- Yes → If Yes, go to #47
 - No → If No, go to #49

47. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?
- Yes, definitely
 - Yes, somewhat
 - No
48. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?
- Yes, definitely
 - Yes, somewhat
 - No
49. A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?
- Yes, definitely
 - Yes, somewhat
 - No
50. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after leaving the hospital?
- Yes, definitely
 - Yes, somewhat
 - No
51. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?
- Yes, definitely
 - Yes, somewhat
 - No

TEENS IN THIS HOSPITAL

52. During this hospital stay, was your child 13 years old or older?
- Yes → If Yes, go to #53
 - No → If No, go to #56
53. During this hospital stay, how often did providers involve your child in discussions about his or her health care?
- Never
 - Sometimes
 - Usually
 - Always



54. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?

- Yes, definitely
 Yes, somewhat
 No

55. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?

- Yes, definitely
 Yes, somewhat
 No

OVERALL RATING OF THIS HOSPITAL

As a reminder, please answer the questions about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.

56. 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 child's stay?

- 0 Worst Hospital Possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best Hospital Possible

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

- Definitely no
 Probably no
 Probably yes
 Definitely yes

ABOUT YOUR CHILD

58. In general, how would you rate your child's overall health?

- Excellent
 Very Good
 Good
 Fair
 Poor

59. Is your child of Hispanic, Latino, or Spanish origin? Mark one or more.

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin

60. How would you describe your child's race? Mark one or more.

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

ABOUT YOU

61. How are you related to the child?

- Mother
 Father
 Grandmother
 Grandfather
 Other relative or legal guardian
 Someone else (Please print: _____)

62. What is your age?

- Under 18
 18-24
 25-34
 35-44
 45-54
 55-64
 65-74
 75 and older

63. 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

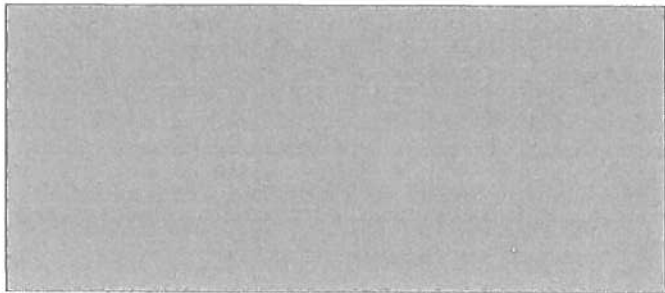
64. What is your preferred language?

- English
 Spanish
 Chinese
 Vietnamese
 Korean
 Russian
 Other language (Please print: _____)

65. During your child's hospital stay, how much of the time were you at the hospital?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All or nearly all of the time

66. Is there anything else you would like to say about the care your child received during this hospital stay? _____



THANK YOU

