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Please use the enclosed envelope and mail
the completed survey to:
National Research Corporation
Survey Processing Center
PO BOX 82660
Lincoln, NE 68501-9465

** 0060169-A12345 **



MS CHRISTINA JOHNSON
1245 Q ST
LINCOLN, NE 68508-1430

Dear Christina Johnson:

Alpha Hospital is working with National Research Corporation to survey people about their experiences at the hospital. We hope to learn more about what patients and family members experience and how we can improve the quality of our care. Alpha Hospital is pleased to have this opportunity to learn more about your experiences with the care you received.

We hope you decide to help us. Enclosed is a questionnaire asking about your experiences. The questionnaire will take about 15 minutes of your time. Your name will not be identified in any reports.

Your participation in this survey will be of enormous help to us and to future patients. It will help improve our understanding of the needs of our patients and their families, and how we can improve the quality of care we provide. You may have already received a survey from our hospital, but we would appreciate you taking the time to complete this one as well.

If you have any questions about the survey, please call me at 402-475-2525. Thank you in advance for your cooperation and assistance.

Sincerely,

John Doe
President and Chief Executive Officer

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Your Hospital Stay...

Please fill in the bubble that best describes your experience during your recent hospital stay ending on **March 3, 2000**. Only the patient who was hospitalized should fill out this questionnaire.

ADMISSION...

1. **How organized was the admission process?**
 Not at all organized Somewhat organized Very organized
2. **Do you feel you had to wait an unnecessarily long time to go to your room?**
 Yes, definitely Yes, somewhat No
3. **If you had to wait to go to your room, did someone from the hospital explain the reason for the delay?**
 Yes No Didn't have to wait
4. **How would you rate the courtesy of the staff who admitted you?**
 Poor Fair Good Very Good Excellent

DOCTORS AND MIDWIVES...

5. **Was there one particular doctor or midwife in charge of your care in the hospital?**
 Yes No Not sure
6. **When you had important questions to ask a doctor or a midwife, did you get answers you could understand?**
 Yes, always Yes, sometimes No Didn't have questions
7. **If you had any anxieties or fears about your condition or treatment, did a doctor or a midwife discuss them with you?**
 Yes, completely Yes, somewhat No Didn't have anxieties or fears
8. **Did you have confidence and trust in the doctors and midwives treating you?**
 Yes, always Yes, sometimes No
9. **Did doctors or midwives talk in front of you as if you weren't there?**
 Yes, often Yes, sometimes No
10. **How would you rate the courtesy of your doctors or midwives?**
 Poor Fair Good Very Good Excellent
11. **How would you rate the availability of your doctors or midwives?**
 Poor Fair Good Very Good Excellent

NURSES...

12. **When you had important questions to ask a nurse, did you get answers you could understand?**
 Yes, always Yes, somewhat No Didn't have questions
13. **If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?**
 Yes, completely Yes, somewhat No Didn't have anxieties or fears
14. **Did you have confidence and trust in the nurses treating you?**
 Yes, always Yes, sometimes No
15. **Did nurses talk in front of you as if you weren't there?**
 Yes, often Yes, sometimes No
16. **How would you rate the courtesy of your nurses?**
 Poor Fair Good Very Good Excellent
17. **How would you rate the availability of your nurses?**
 Poor Fair Good Very Good Excellent



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HOSPITAL STAFF...

18. Sometimes in the hospital, one doctor, midwife or nurse will say one thing and another will say something quite different. Did this happen to you?
 Yes, always Yes, sometimes No
19. Did you have enough say about your treatment?
 Yes, definitely Yes, somewhat No
20. Did your family or birthing partner have enough opportunity to talk to your doctor or midwife?
 Yes, definitely No Family didn't want or need to talk
 Yes, somewhat No family or birthing partner involved
21. How much information about your condition or treatment was given to your family or birthing partner?
 Not enough Too much Family didn't want or need information
 Right amount No family or birthing partner involved
22. Was it easy for you to find someone on the hospital staff to talk to about your concerns?
 Yes, definitely Yes, somewhat No Didn't want to talk/no concerns
23. When you needed help getting to the bathroom, did you get it in time?
 Yes, always Yes, sometimes No Didn't need help
24. In general, how many minutes after you used the call button did it usually take before you got the help you needed?
 0 minutes/right away 6-10 minutes 16-30 minutes Never used the call button
 1-5 minutes 11-15 minutes More than 30 minutes Never got help
25. Did a doctor, midwife or nurse explain the results of tests in a way you could understand?
 Yes, completely Yes, somewhat No No tests were done
26. Were your scheduled tests and procedures performed on time?
 Yes, always Yes, sometimes No No tests/procedures
27. Did you feel like you were treated with respect and dignity while you were in the hospital?
 Yes, always Yes, sometimes No

YOUR DELIVERY...

28. Did you have a vaginal delivery or a C-Section?
 Vaginal C-Section
29. Did your doctor or midwife answer your questions about your delivery in a way you could understand?
 Yes, completely Yes, somewhat No I didn't have any questions
30. Did your doctor or midwife discuss your options for pain control during the labor and delivery with you?
 Yes, completely Yes, somewhat No
31. Did you have enough say about your pain control during labor and delivery?
 Yes, definitely Yes, somewhat No
32. How much anesthesia and pain medicine did you get during labor and delivery?
 Not enough Right amount Too much
33. Did a doctor, midwife or nurse tell you accurately how you would feel after your delivery?
 Yes, completely Yes, somewhat No

PAIN AFTER YOUR DELIVERY...

34. After your delivery, were you ever in any pain?
 Yes No (Go to #41)
35. When you had pain after your delivery, was it usually severe, moderate, or mild?
 Severe Moderate Mild
36. After your delivery, did you have a machine that you could use to give yourself pain medicine?
 Yes (Go to #39) No
37. After your delivery, did you ever request pain medicine?
 Yes No (Go to #39)
38. How many minutes after you requested pain medicine did it usually take before you got it?
 0 minutes/right away 6-10 minutes 16-30 minutes Never got medicine
 1-5 minutes 11-15 minutes More than 30 minutes
39. Do you think that the hospital staff did everything they could to help control your pain after delivery?
 Yes, definitely Yes, somewhat No



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40. Overall, how much pain medicine did you get?
 Not enough Right amount Too much

GOING HOME...

41. Did you get enough information about caring for the baby?
 Yes, definitely Yes, somewhat No
42. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?
 Yes, completely Yes, somewhat No Didn't need explanation No medicines at home
43. Did someone tell you about medication side effects to watch for when you went home?
 Yes, completely Yes, somewhat No Didn't need explanation No medicines at home
44. Did they tell you what danger signals in you and your baby to watch for after you went home?
 Yes, completely Yes, somewhat No
45. Did they tell you when you could resume your activities, such as when to go back to work or drive a car?
 Yes, completely Yes, somewhat No
46. Did the doctors, midwives and nurses give your family or someone close to you all the information they needed to help you recover?
 Yes, definitely No Family didn't want or need information
 Yes, somewhat No family or friends involved
47. While you were in the hospital, how worried were you about how you would pay your hospital bill?
 Very worried Somewhat worried Not at all worried
48. Did you get as much help as you wanted from someone on the hospital staff in figuring out how to pay your hospital bill?
 Yes, definitely Yes, somewhat No Didn't want or need any help

OVERALL IMPRESSION...

49. How would you rate how well the doctors, midwives, and nurses worked together?
 Poor Fair Good Very Good Excellent
50. Overall, how would you rate the care you received at the hospital?
 Poor Fair Good Very Good Excellent
51. Would you recommend this hospital to your friends and family?
 Yes, definitely Yes, probably No

YOUR BACKGROUND...

52. Was this your first childbirth experience?
 Yes No
53. In general, how would you rate your health?
 Poor Fair Good Very Good Excellent
54. During the past month, how many days did illness or injury keep you in bed all or part of the day?
 None Two Days Four Days Eight-to-Ten Days
 One Day Three Days Five-to-Seven Days More than Ten Days
55. Including this hospital stay, how many times in the last six months have you been in a hospital overnight or longer?
 Only this time This time and one other time This time and more than one other time
56. Do you belong to an HMO or health plan that has a list of people or places you go to, in order for the plan to cover your health care costs?
 Yes No Not sure
57. What health insurance plan do you use to cover most or all of your medical care?
 Medicare Medicaid Something else I have no insurance Not sure
58. What was the last year of school you completed?
 Less than high school graduate College graduate
 High school graduate or GED Post college graduate education
 Some college, trade, or tech school
59. What is your current marital status?
 Married Living with a partner Divorced Separated Widowed Never married



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60. Are you of Hispanic or Spanish family background?

- No
- Yes, North American (Mexican, Mexican American, Chicano)
- Yes, Central American
- Yes, South American
- Yes, Other Spanish/Hispanic/Latino

61. Which of the following best describes your racial background?

- White
- Black, African American, or Negro
- American Indian or Alaska Native (North, South, and Central American Indian)
- Native Hawaiian
- Guamanian
- Samoan
- Other Pacific Islander
- Asian Indian
- Cambodian
- Chinese
- Filipino
- Japanese
- Hmong
- Korean
- Laotian
- Vietnamese
- Other Asian
- Other

62. What language do you speak at home most of the time?

- English
- Chinese
- Korean
- Russian
- Other
- Spanish
- Vietnamese
- Tagalog
- Armenian

MORE QUESTIONS ABOUT YOUR NURSES...

63. How often did a nurse ask you if you had pain?

- At least once a day
- Less than once a day
- Don't remember

64. Did you receive information from your nurses about your care and treatment?

- Yes
- No

65. Was it as much information as you needed or would you have liked more?

- Enough assistance was provided.
- Additional assistance would have been helpful.

66. Did you need help planning for your needs after discharge from the hospital?

- Yes
- No (Go to comment question)

67. Did you receive help from your nurses in planning for your needs after discharge?

- Yes
- No

68. Was the help you received as much as you needed or would you have liked more?

- As much as I needed
- Would have liked more

69. An interpreter is someone who repeats or signs what one person says in a language used by another person. Did you need an interpreter to help you speak with doctors or other health providers?

- Yes
- No

70. When you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

- Never
- Sometimes
- Usually
- Always
- I didn't need an interpreter

71. If you could change one thing about the hospital, what would it be?

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

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