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Please use the enclosed envelope and mail  
the completed survey to:

**National Research Corporation**  
Survey Processing Center  
P.O. BOX 82660  
Lincoln, NE 68501-9465

\*\* 0060421-A12345 \*\*



MR CHRISTOPHER JOHNSON  
1245 Q ST  
LINCOLN, NE 68508-1430

Dear Christopher Johnson:

Alpha Hospital is working with National Research Corporation to survey people who were recently hospitalized. 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.

This survey is part of a statewide effort to survey patients and improve care for all Californians. Your participation in this survey will be of great 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 received other surveys, but we ask you to participate in this survey as well.**

Thank you in advance for your cooperation and assistance.

Sincerely,

John Doe  
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.

**EMERGENCY ROOM...**

1. **How organized was the care you received in the emergency room?**  
 Not at all organized     Somewhat organized     Very organized     Didn't use emergency room
2. **While you were in the emergency room, did you get enough information about your medical condition and treatment?**  
 Yes, definitely     No     Didn't use emergency room  
 Yes, somewhat     Didn't want information

**ADMISSION...**

3. **How organized was the admission process?**  
 Not at all organized     Somewhat organized     Very organized
4. **Do you feel you had to wait an unnecessarily long time to go to your room?**  
 Yes, definitely     Yes, somewhat     No
5. **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
6. **How would you rate the courtesy of the staff who admitted you?**  
 Poor     Fair     Good     Very Good     Excellent

**DOCTORS...**

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

**NURSES...**

14. **When you had important questions to ask a nurse, did you get answers you could understand?**  
 Yes, always     Yes, sometimes     No     Didn't have questions
15. **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
16. **Did you have confidence and trust in the nurses treating you?**  
 Yes, always     Yes, sometimes     No
17. **Did nurses talk in front of you as if you weren't there?**  
 Yes, often     Yes, sometimes     No



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18. How would you rate the courtesy of your nurses?  
 Poor  Fair  Good  Very Good  Excellent
19. How would you rate the availability of your nurses?  
 Poor  Fair  Good  Very Good  Excellent

**HOSPITAL STAFF...**

20. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you?  
 Yes, always  Yes, sometimes  No
21. Did you have enough say about your treatment?  
 Yes, definitely  Yes, somewhat  No
22. Did your family or someone else close to you have enough opportunity to talk to your doctor?  
 Yes, definitely  No  Family didn't want or need to talk  
 Yes, somewhat  No family or friends were involved
23. How much information about your condition or treatment was given to your family or someone close to you?  
 Not enough  Too much  Family didn't want or need information  
 Right amount  No family or friends involved
24. 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
25. When you needed help getting to the bathroom, did you get it in time?  
 Yes, always  Yes, sometimes  No  Didn't need help
26. 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 call button  
 1-5 minutes  11-15 minutes  More than 30 minutes  Never got help
27. Did a doctor or nurse explain the results of tests in a way you could understand?  
 Yes, completely  Yes, somewhat  No  No tests were done
28. Were your scheduled tests and procedures performed on time?  
 Yes, always  Yes, sometimes  No  No tests/procedures
29. Did you feel like you were treated with respect and dignity while you were in the hospital?  
 Yes, always  Yes, sometimes  No

**PAIN...**

30. Were you ever in any pain?  
 Yes  No (Go to #37)
31. When you had pain, was it usually severe, moderate, or mild?  
 Severe  Moderate  Mild
32. Did you have a machine that you could use to give yourself pain medicine?  
 Yes (Go to #35)  No
33. Did you ever request pain medicine?  
 Yes  No (Go to #35)
34. 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
35. Do you think that the hospital staff did everything they could to help control your pain?  
 Yes, definitely  Yes, somewhat  No
36. Overall, how much pain medicine did you get?  
 Not enough  Right amount  Too much

**SURGERY...**

37. Did the surgeon explain the risks and benefits of the surgery in a way you could understand?  
 Yes, completely  No  I didn't want anything explained  
 Yes, somewhat  Explained to spouse or someone else
38. Did the surgeon or any of your other doctors answer your questions about the surgery in a way you could understand?  
 Yes, completely  Yes, somewhat  No  I didn't have any questions



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39. Did a doctor or nurse tell you accurately how you would feel after surgery?

- Yes, completely     Yes, somewhat     No

40. Were the results of the surgery explained in a way you could understand?

- Yes, completely     Yes, somewhat     No     Explained to spouse or someone else

**GOING HOME...**

41. 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

42. 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

43. Did they tell you what danger signals about your illness or operation to watch for after you went home?

- Yes, completely     Yes, somewhat     No

44. Did they tell you when you could resume your usual activities, such as when to go back to work or drive a car?

- Yes, completely     Yes, somewhat     No

45. Did the doctors 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

46. 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

47. 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...**

48. How would you rate how well the doctors and nurses worked together?

- Poor     Fair     Good     Very Good     Excellent

49. Overall, how would you rate the care you received at the hospital?

- Poor     Fair     Good     Very Good     Excellent

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

- Yes, definitely     Yes, probably     No

The next questions are used to make sure we hear from all our patients. Please tell us a little about yourself.

**YOUR BACKGROUND...**

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

- Poor     Fair     Good     Very good     Excellent

52. 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

53. 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

54. 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

55. 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

56. 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

57. What is your current marital status?

- Married     Living with a partner     Divorced     Separated     Widowed     Never married



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58. Are you of Hispanic or Spanish family background?

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

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

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

60. 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...**

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

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

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

- Yes  No

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

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

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

- Yes  No (Go to comment question)

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

- Yes  No

66. 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

67. 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

68. 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

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

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

00014723 - March 3, 2000 - Radiology

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