

1. Our records show that you were discharged from [FACILITY NAME] on or about [DISCHARGE DATE]. Is that right?

¹ ☐ Yes

² ☐ No → If No, Stop and return this survey.

Please answer the questions in this survey about this stay at [FACILITY NAME]. Do not include any other hospital stay in your answers.

2. Which option below best describes the reason for this hospital stay?

¹ ☐ Surgery

² ☐ Childbirth (including caesarian section)

³ ☐ Other medical reason

3. About how many nights was this hospital stay?

Enter number of nights: _____

YOUR CARE FROM NURSES

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

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

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

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

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

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

7. During this hospital stay, how often did nurses spend enough time with you?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

8. During this hospital stay, did you press the call button?

¹ ☐ Yes

² ☐ No → If No, Go to Question 10

9. 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

10. We want to know your rating of the care you received from nurses during this hospital stay

Using any number from 0 to 10 where 0 is the worst possible care and 10 is the best possible care, what number would you give the care you got from all the nurses who treated you?