

How likely is it that you would recommend Northwell Health to a friend or family?

- ☐ 0-Not likely
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10-Extremely likely

Is there any caregiver you would like to recognize for the excellent care he or she provided during your stay?

Describe one experience you appreciated during your stay.

Please indicate suggestions about how we could improve your care and experience at this facility.

Please provide contact information if the hospital needs to contact you. This information is not required.

Patient's Name:

Telephone Number:

THANK YOU. Please return the completed survey in the postage-paid envelope.

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**SURVEY INSTRUCTIONS:** You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer all the questions by completely filling in the circle to the left of your answer. 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**

Please answer the questions in this survey about your stay at **Phelps Hospital**. Do not include any other hospital stays in your answers.

**YOUR CARE FROM NURSES**

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**

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**

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**

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 have any pain?

☐ Yes☐ No → **If No, Go to Question 15**

13. During this hospital stay, how often did hospital staff talk with you about how much pain you had?  

☐ Never

☐ Sometimes

☐ Usually

☐ Always
14. During this hospital stay, how often did hospital staff talk with you about how to treat 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

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, 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?  

☐ 0 Worst hospital possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best hospital possible
22. Would you recommend this hospital to your friends and family?  

☐ Definitely no

☐ Probably no

☐ Probably yes

☐ Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, 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.  

☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree
24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.  

☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree
25. When I left the hospital, I clearly understood the purpose for taking each of my medications.  

☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

☐ I was not given any medication when I left the hospital

ABOUT YOU

26. During this hospital stay, were you admitted to this hospital through the Emergency Room?  

☐ Yes

☐ No

27. In general, how would you rate your overall health?  

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor
28. In general, how would you rate your overall mental or emotional health?  

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor
29. 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

30. Are you of Spanish, Hispanic or Latino origin or descent?  

☐ No, not Spanish/Hispanic/Latino

☐ Yes, Puerto Rican

☐ Yes, Mexican, Mexican American, Chicano

☐ Yes, Cuban

☐ Yes, other Spanish/Hispanic/Latino
31. What is your race? Please choose one or more.  

☐ White

☐ Black or African American

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ American Indian or Alaska Native
32. What language do you mainly speak at home?  

☐ English

☐ Spanish

☐ Chinese

☐ Russian

☐ Vietnamese

☐ Portuguese

☐ Some other language (please print):

ADDITIONAL QUESTIONS ABOUT YOUR CARE

Now that we have asked you to tell us about what happened during your care, we would like to ask you a few additional questions about your experience. If a question does not apply to you, please skip to the next question.

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Speed of admission process .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Courtesy of the person who took your personal/insurance information .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Overall rating of the Emergency Department care and treatment (if admitted through the ED) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Pleasantness of room decor .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Quality of the food .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Courtesy of the person who served your food .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff concern for your privacy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Response to concerns/complaints made during your stay .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How well the staff respected cultural, racial and religious needs .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How well staff worked together to care for you .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During your stay, were you visited by a member of our nursing management team? ..... ☐ Yes ☐ No

Did someone from the nursing team check on you hourly during the day? ..... ☐ Yes ☐ No