

# Canadian Patient Experiences Survey — Inpatient Care

## Survey Instructions

- ◆ You should fill out this questionnaire only if you were the patient named on the envelope. You may need to get help from a family member or friend to answer the questions. That's okay.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ Your response to this survey is voluntary but will provide us with important information.
- ◆ 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**

Placeholder for jurisdiction comments.

*Please answer the questions about your recent stay at the hospital named on the cover letter. 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**

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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**

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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**

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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 need medicine for pain?

- Yes
- No → If No, go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with 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

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#### WHEN YOU LEFT THE HOSPITAL

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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 health facility, 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

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#### OVERALL RATING OF HOSPITAL

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*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

*In this next section, we ask several more questions about your stay at the hospital.*

### **YOUR ARRIVAL AT THE HOSPITAL**

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**23. When you arrived at the hospital, did you go to the emergency department?**

- Yes → If Yes, go to Question 26
- No ↓ If No, please continue below

**24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process?**

- Not at all
- Partly
- Quite a bit
- Completely

**25. Was your admission into the hospital organized?**

- Not at all
- Partly
- Quite a bit
- Completely

**Go to Question 30**

**Answer questions 26 to 29 only if you were admitted through the emergency department.**

**26. When you were in the emergency department, did you get enough information about your condition and treatment?**

- Not at all
- Partly
- Quite a bit
- Completely

**27. Were you given enough information about what was going to happen during your admission to the hospital?**

- Not at all
- Partly
- Quite a bit
- Completely

**28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?**

- Yes
- No

**29. Was your transfer from the emergency department into a hospital bed organized?**

- Not at all
- Partly
- Quite a bit
- Completely

**Continue with Question 30**

## **DURING YOUR HOSPITAL STAY**

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**30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?**

- Never
- Sometimes
- Usually
- Always

**31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?**

- Never
- Sometimes
- Usually
- Always

**32. How often were tests and procedures done when you were told they would be done?**

- Never
- Sometimes
- Usually
- Always
- I did not have any tests or procedures

**33. During this hospital stay, did you get all the information you needed about your condition and treatment?**

- Never
- Sometimes
- Usually
- Always

**34. Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?**

- Never
- Sometimes
- Usually
- Always
- Not applicable

**35. Were you involved as much as you wanted to be in decisions about your care and treatment?**

- Never
- Sometimes
- Usually
- Always

**36. Were your family or friends involved as much as you wanted in decisions about your care and treatment?**

- Never
- Sometimes
- Usually
- Always
- I did not want them to be involved
- I did not have family or friends to be involved

## **LEAVING THE HOSPITAL**

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**37. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?**

- Not at all
- Partly
- Quite a bit
- Completely
- Not applicable

**38. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?**

- Not at all
- Partly
- Quite a bit
- Completely

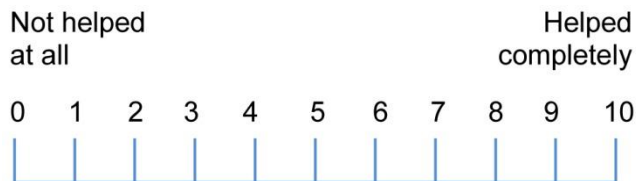
**39. When you left the hospital, did you have a better understanding of your condition than when you entered?**

- Not at all
- Partly
- Quite a bit
- Completely

**YOUR OVERALL RATINGS**

**40. Overall, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is “not helped at all” and 10 is “helped completely.”**

**Overall . . . (Please circle a number)**



**41. Overall . . . (Please circle a number)**

I had a very poor experience I had a very good experience



**ABOUT YOU**

**42. In general, how would you rate your overall physical health?**

- Excellent
- Very good
- Good
- Fair
- Poor

**43. In general, how would you rate your overall mental or emotional health?**

- Excellent
- Very good
- Good
- Fair
- Poor

**44. 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 or high school equivalency certificate
- College, CEGEP or other non-university certificate or diploma
- Undergraduate degree or some university
- Post-graduate degree or professional designation

**45. What is your gender?**

- Male
- Female
- Other

**46. What is your year of birth?**

(Please write in; for example, "1934.")

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**47. Was your most recent stay at this hospital for a childbirth experience?**

- Yes
- No

**48. People living in Canada come from many different cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. Do you consider yourself to be . . .**

**(Check all that apply)**

- First Nation
- Inuit
- Métis
- Indigenous/Aboriginal  
(not included above)
- Arab
- Black (North American, Caribbean, African, etc.)
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- West Asian (Iranian, Afghan, etc.)
- White (North American, European, etc.)
- Other

**49. Is there anything else you would like to share about your hospital stay?**

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Questions 1 to 22 and 43 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire.

Questions 23 to 49 (excluding question 43) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.