21. How well your pain was managed regarding IV insertion
22. How well your pain was managed regarding Peripherally Inserted Central Catheter (PICC), if applicable
23. Staff effort to include you in decisions about your treatment
24. Extent to which nurses checked ID bracelets before giving you medications
25. How well the staff respected your needs related to sexual orientation and gender identity
26. Likelihood of your recommending this hospital to others

Did a staff member check on your care and comfort at least every two hours?  Yes  No

Please comment on good or bad experiences related to your overall assessment.

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

Patient's Name:

Telephone Number:

All written comments are used to improve services at Duke University Hospital. However, if you would like to speak with someone to compliment staff or to receive an individual response to a specific complaint, please contact our Patient & Visitor Relations department at 919-681-2020 or toll free at 1-877-700-3433.

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

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 Duke University 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

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 need medicine for pain?  Yes  No → If No, Go to Question 15

continued...
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

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

26. I was not given any medication when I left the hospital.
○ 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?
○ 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

ADDITIONAL QUESTIONS ABOUT YOUR CARE

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

1. Courtesy of the person who admitted you
2. Overall rating of the Emergency Department care and treatment
3. Temperature of the food (cold foods cold, hot foods hot)
4. Quality of the food
5. Courtesy of the person who served your food
6. Courtesy of the person who cleaned your room
7. Overall rating of your surgery experience
8. Your rating of anesthesia services
9. Skill of the person who took your blood (e.g., did it quickly, with minimal pain)
10. Courtesy of the person who took your blood
11. Courtesy of the EKG tech
12. Explanations about what would happen during your EKG
13. Your rating of Speech Therapy services
14. If you received care from physical or occupational therapy, your rating of these services
15. If you received respiratory care treatments, extend to which these treatments were given in a prompt and professional manner
16. If you were a patient in the Dialysis Unit, your rating of the care you received in the unit
17. If you had interaction with Palliative Care during your hospital visit, please rate your experience
18. How well physician kept you informed
19. Extent to which the Patient Resource Manager (PRM) was helpful to you
20. How well staff worked together to care for you

very poor poor fair good very good 1 2 3 4 5

continued...