

Patient Satisfaction with Hospital Care Survey

If the person this survey is addressed to is unable to answer, please ask someone else knows about the person's recent medical care to fill it out.

If nobody is available who can answer, please check this box ___ and send back the blank survey, so we will not send another.

Please answer the following questions by filling in the box with a black or blue pencil

₁ ₂ ₃ ₄ ₅

PROPER MARK

Study Number: 2012-0152

Survey

Version: 12-12-2012

Part 1: Your health and care management

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

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

2. Do you have any of the medical conditions listed below? *(Please check all that apply)*

- ₁ Chronic Obstructive Pulmonary Disease (COPD)
- ₂ Congestive Heart Failure (CHF)
- ₃ Diabetes
- ₄ None of the above
- ₅ Other:

3. How do you manage your health care?

- ₁ I manage my care myself.
- ₂ I work with my doctor to manage my care.
- ₃ I let my doctor manage my care.

4. Is it correct that you were in the hospital last month?

- ₁ Yes
- ₂ No

The following questions are about your experiences during your last stay in the hospital.

5. Before you left the hospital, did someone explain your medical condition to you?

- ₁ Yes
- ₂ No
- ₉₈ Don't Know

6. Before you left the hospital, did someone go over your medications with you?

- ₁ Yes
- ₂ No
- ₉₈ Don't Know

7. Before you left the hospital, did someone offer to make a follow-up appointment with your family doctor for you?

- ₁ Yes
- ₂ No
- ₉₈ Don't Know

8. Before you left the hospital, did someone offer to set up assistance at home (e.g. home health care, an appointment with a physical therapist, or special equipment such as an oxygen tank, etc.) for you?

- ₁ Yes
- ₂ No
- ₃ I did not need assistance at home
- ₉₈ Don't Know

9. Before you left the hospital, did someone explain how to take care of yourself when you got home?

- ₁ Yes
- ₂ No
- ₉₈ Don't Know

10. Before you left the hospital, did someone give you information on how to prevent being re-admitted to the hospital?

- ₁ Yes
- ₂ No
- ₉₈ Don't Know

	Poor	Fair	Good	Very good	Excellent
11. Overall how would you rate the <i>care</i> that you received during your hospital stay?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12. Overall, how would you rate the <i>information</i> about your medical condition that you received during your stay in the hospital?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13. During your stay at the hospital, did you talk to a Beacon case manager?					
<input type="checkbox"/> ₁ Yes					
<input type="checkbox"/> ₂ No					
<input type="checkbox"/> ₃ I do not remember					
14. Do you <u>currently</u> have a case manager who helps you manage your condition?					
<input type="checkbox"/> ₁ Yes					
<input type="checkbox"/> ₂ No (<i>Please Skip to Question 16</i>)					
<input type="checkbox"/> ₉₈ Don't Know (<i>Please Skip to Question 16</i>)					
15. How helpful is your care manager with regard to the following?					
	Not very helpful	Not helpful	Helpful	Very helpful	
a. How helpful is the <i>information</i> that you receive from your care manager about your medical condition (COPD, CHF, Diabetes)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
b. How helpful is your care manager for managing your <i>medications</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
c. How helpful is your care manager for <i>making appointments</i> with your <i>family physician</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
d. How helpful is your care manager for making <i>other referrals</i> , such as making an appointment with a physical therapist, setting up home health care, etc.?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	

Part 2: Managing your health condition

16. How strongly do you agree or disagree with the following statements about your health condition?

	Strongly disagree	Disagree	Agree	Strongly agree
a. I understand the nature and causes of my health condition(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I know the different medical treatment options available for my health condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I am confident that I can follow through on medical treatments I need to do at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I know what each of my prescribed medications do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I am confident I can tell my care manager or doctor concerns I have even when he or she does not ask	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I am confident that I can maintain lifestyle changes like diet and exercise even during times of stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. I am confident I can figure out solutions when new situations or problems arise with my health condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I know how to prevent further problems with my health condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Part 3: About You

17. How old are you?

- ₁ 18-24
- ₂ 25-34
- ₃ 35-44
- ₄ 45-54
- ₅ 55-64
- ₆ 65-74
- ₇ 75-84
- ₈ 85+

18. What is your gender?

- ₁ Male
- ₂ Female

19. What is your current work status? *(Please check one)*

- ₁ Full time outside the home
- ₂ Part time outside the home
- ₃ Full-time homemaker
- ₄ Out of work
- ₅ Student
- ₆ Retired
- ₇ Unable to work (on disability)

20. What is the highest grade or level of school that you completed? *(Please check one)*

- ₁ 8th grade or less
- ₂ Some high school, but did not graduate
- ₃ High school graduate or GED
- ₄ Some college or technical school
- ₅ College graduate
- ₆ More than a 4-year college degree

21. Are you of Hispanic or Latino heritage?

₁ Yes

₂ No

22. How would you describe your race?

₁ White or Caucasian

₂ American Indian or Alaskan Native

₃ Asian or Asian-American

₄ Black or African-American

₅ Native Hawaiian or other Pacific Islander

₆ Other

23. Please check whichever statement is correct:

₁ I am the person to whom this survey was addressed.

₂ I filled this survey out, or helped fill it out, for someone else.

Thank you for your participation!

Please send the completed survey back in the pre-paid envelope or send to:

ATTN KeyHIE-4400-CY
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PO Box 900
Danville PA 17821-9939

When utilizing this document please cite:

1. Hoonakker, P.L., Carayon, P., Hundt, A.S., Cartmill, R.S., & Nathan-Roberts, D. (2014). Challenges of doing research that involves patients. Proceedings of the 11th International Symposium on Human Factors in Organizational Design and Management (ODAM) Conference, Copenhagen, Denmark. pp. 19-24.
2. Holden, R.J., McDougald Scott, A., Hoonakker, P.L.T., Hundt, A.S. and Carayon, P. (2015). Data collection challenges in community settings: Insights from two field studies of patients with chronic disease. *Quality of Life Research*. 24: 1043-1055. PMID: PMC4342308