



MEDICAL
UNIVERSITY
OF OHIO
UNIVERSITY MEDICAL CENTER

Please use the enclosed envelope and mail the completed survey to:
Medical University of Ohio
Survey Processing Center
PO BOX 82660
Lincoln, NE 68501-2660
1-800-733-6714

Your hospital stay...

Please fill in the bubble that best describes your experience during your recent stay at Medical University of Ohio Hospitals ending on March 3, 2005.

EMERGENCY ROOM...

- 1. How organized was the care you received in the emergency room?**
 Not at all organized
 Somewhat organized
 Very organized
 Didn't use emergency room (Go to #3)
- 2. While you were in the emergency room, did you get enough information about your medical condition and treatment?**
 Yes, definitely
 Yes, somewhat
 No
 Didn't want information
 Didn't use emergency room

ADMISSION...

- 3. How organized was the admission process?**
 Not at all organized Very organized
 Somewhat organized
- 4. Do you feel you had to wait an unnecessarily long time to go to your room?**
 Yes, definitely Yes, somewhat No
- 5. If you had to wait to go to your room, did someone from the hospital explain the reason for the delay?**
 Yes No Didn't have to wait
- 6. How would you rate the courtesy of the staff who admitted you?**
 Poor Good Excellent
 Fair Very Good

DOCTORS...

- 7. Was there one particular doctor in charge of your care in the hospital?**
 Yes No Not sure
- 8. When you had important questions to ask a doctor, did you get answers you could understand?**
 Yes, always No
 Yes, sometimes Didn't have questions
- 9. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?**
 Yes, completely
 Yes, somewhat
 No
 Didn't have anxieties or fears
- 10. Did you have confidence and trust in the doctors treating you?**
 Yes, always Yes, sometimes No
- 11. Did doctors talk in front of you as if you weren't there?**
 Yes, often Yes, sometimes No
- 12. How would you rate the courtesy of your doctors?**
 Poor Good Excellent
 Fair Very Good
- 13. How would you rate the availability of your doctors?**
 Poor Good Excellent
 Fair Very Good

NURSES...

- 14. When you had important questions to ask a nurse, did you get answers you could understand?**
 Yes, always No
 Yes, sometimes Didn't have questions
- 15. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?**
 Yes, completely
 Yes, somewhat
 No
 Didn't have anxieties or fears



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16. Did you have confidence and trust in the nurses treating you?

- Yes, always Yes, sometimes No

17. Did nurses talk in front of you as if you weren't there?

- Yes, often Yes, sometimes No

18. How would you rate the courtesy of your nurses?

- Poor Good Excellent
 Fair Very Good

19. How would you rate the availability of your nurses?

- Poor Good Excellent
 Fair Very Good

20. When you pushed your call button for help, did nurses respond as quickly as you thought they should?

- Yes, always No
 Yes, sometimes Didn't use call button

21. Did nurses check your identification band before giving you any medications, treatments, or tests?

- Yes, always Yes, sometimes No

22. During your stay, did nurses inform you about what medicines you were being given and why?

- Yes, completely No
 Yes, somewhat Didn't receive medicine

HOSPITAL STAFF...

23. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you?

- Yes, always Yes, sometimes No

24. Did you have enough say about your treatment?

- Yes, definitely Yes, somewhat No

25. Did your family or someone else close to you have enough opportunity to talk to your doctor?

- Yes, definitely
 Yes, somewhat
 No
 No family or friends were involved
 Family didn't want or need to talk

26. How much information about your condition or treatment was given to your family or someone close to you?

- Not enough
 Right amount
 Too much
 No family or friends involved
 Family didn't want or need information

27. Was it easy for you to find someone on the hospital staff to talk to about your concerns?

- Yes, definitely
 Yes, somewhat
 No
 Didn't want to talk/no concerns

28. Were you ever treated by a therapist?

- Yes No (Go to #31) Not sure

29. Did you have confidence and trust in the therapists treating you?

- Yes, completely No
 Yes, somewhat

30. How you rate the courtesy of your therapists?

- Poor Good Excellent
 Fair Very Good

31. When you needed help getting to the bathroom, did you get it in time?

- Yes, always No
 Yes, sometimes Didn't need help

32. How many minutes after you used the call button did it usually take before you got the help you needed?

- 0 minutes/right away Never got help
 1-5 minutes
 6-10 minutes
 11-15 minutes
 16-30 minutes
 More than 30 minutes
 Never used call button

33. Did a doctor or nurse explain the results of tests in a way you could understand?

- Yes, completely No
 Yes, somewhat No tests were done

34. Were your scheduled tests and procedures performed on time?

- Yes, always No
 Yes, sometimes No tests/procedures

35. Did the testing staff treat you with skill and courtesy?

- Yes, completely No
 Yes, somewhat No tests were done

36. Did you feel like you were treated with respect and dignity while you were in the hospital?

- Yes, always Yes, sometimes No

37. Did you feel comfortable asking medical staff questions about your condition or treatment?

- Yes, completely No
 Yes, somewhat



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38. Did you feel you had a care provider who had full understanding of your condition and treatment?

- Yes, always Yes, sometimes No

39. Did family members or someone close to you ever have to do something or say something to staff to be sure that your medical needs were met?

- Yes, always
 Yes, sometimes
 No
 Don't know
 Didn't have family members or others close to me present

40. Spiritual and Emotional Support

a. Spiritual support received from people at this facility during my stay

- Poor Good Excellent
 Fair Very Good

b. Emotional support received from people at this facility during my stay

- Poor Good Excellent
 Fair Very Good

PAIN...

41. Were you ever in any pain?

- Yes No (Go to #48)

42. When you had pain, was it usually severe, moderate, or mild?

- Severe Moderate Mild

43. Did you have a machine that you could use to give yourself pain medicine?

- Yes (Go to #46) No

44. Did you ever request pain medicine?

- Yes No (Go to #46)

45. How many minutes after you requested pain medicine did it usually take before you got it?

- 0 minutes/right away Never got medicine
 1-5 minutes
 6-10 minutes
 11-15 minutes
 16-30 minutes
 More than 30 minutes

46. Do you think that the hospital staff did everything they could to help control your pain?

- Yes, definitely Yes, somewhat No

47. Overall, how much pain medicine did you get?

- Not enough Too much
 Right amount

SURGERY...

48. Did you have surgery in the hospital?

- Yes Not sure (Go to #53)
 No (Go to #53)

49. Did the surgeon explain the risks and benefits of the surgery in a way you could understand?

- Yes, completely
 Yes, somewhat
 No
 Explained to spouse or someone else
 I didn't want anything explained

50. Did the surgeon or any of your other doctors answer your questions about the surgery in a way you could understand?

- Yes, completely
 Yes, somewhat
 No
 I didn't have any questions

51. Did a doctor or nurse tell you accurately how you would feel after surgery?

- Yes, completely No
 Yes, somewhat

52. Were the results of the surgery explained in a way you could understand?

- Yes, completely
 Yes, somewhat
 No
 Explained to spouse or someone else

GOING HOME...

53. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?

- Yes, completely Didn't need explanation
 Yes, somewhat No medicines at home
 No

54. Did someone tell you about medication side effects to watch for when you went home?

- Yes, completely Didn't need explanation
 Yes, somewhat No medicines at home
 No



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55. Did they tell you what danger signals about your illness or operation to watch for after you went home?

- Yes, completely No
 Yes, somewhat

56. Did they tell you when you could resume your usual activities, such as when to go back to work or drive a car?

- Yes, completely No
 Yes, somewhat

57. Did the doctors and nurses give your family or someone close to you all the information they needed to help you recover?

- Yes, definitely
 Yes, somewhat
 No
 No family or friends involved
 Family didn't want or need information

58. While you were in the hospital, how worried were you about how you would pay your hospital bill?

- Very worried Not at all worried
 Somewhat worried

59. Did you get as much help as you wanted from someone on the hospital staff in figuring out how to pay your hospital bill?

- Yes, definitely
 Yes, somewhat
 No
 Didn't want or need any help

60. Did the staff respect your right to privacy and confidentiality?

- Yes, always Yes, sometimes No

OVERALL IMPRESSION...

61. How would you rate how well the doctors and nurses worked together?

- Poor Good Excellent
 Fair Very Good

62. Overall, how would you rate the care you received at the hospital?

- Poor Good Excellent
 Fair Very Good

63. Would you recommend this hospital to your friends and family?

- Yes, definitely Yes, probably No

Please fill in the bubble that best describes your rating of each hospital area or service.

64. Facilities

a. Cleanliness of the facility

- Poor Good Excellent
 Fair Very Good

65. Food Services

a. Timeliness of food delivery

- Poor Good Excellent
 Fair Very Good

b. Accuracy of receiving the food items you ordered

- Poor Good Excellent
 Fair Very Good

c. Temperature of the food

- Poor Good Excellent
 Fair Very Good

d. Taste of the food

- Poor Good Excellent
 Fair Very Good

e. Courtesy and helpfulness of staff who served your food

- Poor Good Excellent
 Fair Very Good

66. If you could change one thing about the hospital, what would it be?

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated.

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