Appendix Table 1. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

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| Questions | |
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| HCAHPS Composites | |
|  | Communication with Nurses |
| 1 | During this hospital stay, how often did nurses treat you with courtesy and respect? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
| 2 | During this hospital stay, how often did nurses listen carefully to you? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
| 3 | During this hospital stay, how often did nurses explain things in a way you could understand? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
|  | Communication with Doctors |
| 5 | During this hospital stay, how often did doctors treat you with courtesy and respect? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
| 6 | During this hospital stay, how often did doctors listen carefully to you? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
| 7 | During this hospital stay, how often did doctors explain things in a way you could understand? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
|  | Responsiveness of Hospital Staff |
| 4 | During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (1□Never, 2□Sometimes, 3□Usually, 4□Always, 9□I never pressed the call button) |
| 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? (1□Yes, 2□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? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
|  | Communication about Medicines |
| 12 | During this hospital stay, were you given any medicine that you had not taken before? (1□Yes, 2□No →If No, Go to Question 15) |
| 13 | Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
| 14 | Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
|  | Discharge Information |
| 15 | After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility? (1□Own home, 2□Someone else’s home, 3□Another health　facility → If Another, Go to Question 18) |
| 16 | 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? (1□Yes, 2□No) |
| 17 | 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? (1□Yes, 2□No) |
|  | Care Transition |
| 20 | 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. (1□Strongly disagree, 2□Disagree, 3□Agree, 4□Strongly agree) |
| 21 | When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (1□Strongly disagree, 2□Disagree, 3□Agree, 4□Strongly agree) |
| 22 | When I left the hospital, I clearly understood the purpose for taking each of my medications. (1□Strongly disagree, 2□Disagree, 3□Agree, 4□Strongly agree, 5□I was not given any medication when I left the hospital) |
| HAHPS Individual Items | |
|  | Cleanliness of Hospital Environment |
| 8 | During this hospital stay, how often were your room and bathroom kept clean? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
|  | Quietness of Hospital Environment |
| 9 | During this hospital stay, how often was the area around your room quiet at night? (1□Never, 2□Sometimes, 3□Usually, 4□Always) |
| HCAHPS Global Items | |
|  | Hospital Rating |
| 18 | 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□0 Worst hospital possible, 1□1, 2□2, 3□3, 4□4, 5□5, 6□6, 7□7, 8□8, 9□9, 10□10 Best hospital possible) |
|  | Recommend the Hospital |
| 19 | Would you recommend this hospital to your friends and family? (1□Definitely no, 2□Probably no, 3□Probably yes, 4□Definitely yes) |
| Personal characteristics | |
| 23 | During this hospital stay, were you admitted to this hospital through the Emergency Room? (1□Yes, 2□No) |
| 24 | In general, how would you rate your overall health? (1□Excellent, 2□Very good, 3□Good, 4□Fair, 5□Poor) |
| 25 | In general, how would you rate your overall mental or emotional health? (1□Excellent, 2□Very good, 3□Good, 4□Fair, 5□Poor) |
| 26 | What is the highest grade or level of school that you have completed? (1□Until compulsory education 2□High school graduate or a high school diploma 3□Some college or 2-year degree 4□vocational college graduate 5□More than 4-year college degree 6□Graduate degree |