

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 completely filling in the circle 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

Please note that because the survey is anonymous, staff members are not able to respond to concerns written in the survey. Please call 1-855-259-2943 if you would like to discuss your care with someone.

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

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

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 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

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

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

YOUR ARRIVAL AT THE HOSPITAL

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

- 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

- 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 fill in the circle for one number)

Not helped at all										Helped completely				
0	1	2	3	4	5	6	7	8	9	10				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

41. Overall . . . (Please fill in the circle for one number)

I had a very poor experience										I had a very good experience				
0	1	2	3	4	5	6	7	8	9	10				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

CONCERNS ABOUT YOUR CARE

Hand hygiene is the single most important thing you, your care providers, your family and your visitors can do to prevent infections in the hospital.

42. During this hospital stay, would you have been comfortable asking your care providers if they had washed or cleaned their hands before caring for you?

- Never
- Sometimes
- Usually
- Always
- I don't know

Understanding and communicating to your health care team about all the medication you have been taking is very important.

43. During the first day of this hospital stay were you asked to list or review all of the prescription medicines you were taking at home?

- Yes
- No
- I don't remember

44. During the first day of this hospital stay were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines you were taking at home?

- Yes
- No
- I don't remember

Sometimes unfortunate events such as falls, bedsores or infections acquired while in hospital occur during the course of treatment and patients may have concerns or complaints.

45. During this hospital stay, did you experience a complication or harm that you did not expect to happen?

- Yes ↓ **If Yes, please continue below**
 No → **If No, go to Question 47**

46. How satisfied were you with how your complication was handled?

- Very satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied

ABOUT YOU

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

- Excellent
 Very good
 Good
 Fair
 Poor

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

- Excellent
 Very good
 Good
 Fair
 Poor

49. 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

50. What is your gender?

- Male
 Female
 Other

51. What is your year of birth?

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

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

- Yes
 No

53. 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

54. Can you speak English or French well enough to conduct a conversation?

- English only → **If English only, go to question 57**
- French only ↓ **If French only, continue with next question**
- Both English and French ↓ **If Both English and French, continue with next question**
- Neither English nor French → **If Neither English nor French, go to question 57**

Answer questions 55 to 56 only if you speak French well enough to conduct a conversation.

55. How were French-language services offered to you?

(Select all that apply)

- French-speaking staff wore a Hello/Bonjour pin
- There were signs in French
- Staff addressed me in both official languages
- Staff asked me if I wanted service in French
- Staff spoke to me in French
- I was given written information in French
- I had access to a French-speaking interpreter
- I was not offered any French-language services
- Other

56. Please rate your overall experience in terms of the quality of the French-language services you received during your stay.

- | | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-------------------|
| I had a very | | | | | | | | | | | | I had a very good |
| poor experience | | | | | | | | | | | | experience |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |

57. What language(s), other than English or French, can you speak well enough to conduct a conversation?

- None
- Other

(If Other, please write in; for example, "Ukrainian.")

58. What language do you speak most often at home?

- English
- French
- Other

(If Other, please write in; for example, "German.")

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

Questions 1 to 22 and 48 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire.

Questions 23 to 41, 47 to 53 (excluding 48), and 58 were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.

Questions 42 to 46 were adapted from the Alberta Health Services Survey.

Questions 54 and 57 are from the Statistics Canada census.

Questions 55 and 56 were developed in consultation with Santé en Français.