

Telephone Survey Script

CPES-IC, *EQ-5D*[™], VR12, & BC Sub-Sector Modules

Draft v.18



Attributions:

The **Canadian Patient Experience Survey – Inpatient Care (CPES-IC)** is a PREM comprised of two sets of questions:

- Questions 1 to 22 are from the HCAHPS (Hospital Consumer assessment of Healthcare Providers and Systems) questionnaire from the US Centre for Medicare & Medicaid Services;
- Questions 23 to 41 were adapted and/or developed by the Canadian Institute for Health Information (CIHI) in consultation with the pan-Canadian Interjurisdictional Patient Experience Committee (IJ-PEC) of patient experience measurement experts, including British Columbia.

Script formatting and prompts for the CPES-IC were adapted by CIHI from the HCAHPS Quality Assurance Guidelines and the Alberta Health Services (AHS) Canadian HCAHPS program.

“**Made-in-BC**” PREMS **modules** added to this survey have been developed or adapted by the BC Patient Centred Measurement Working Group (BCPCMWG). The response scales for questions that were developed and used by the BCPCMWG prior to 2016 have been modified following cognitive testing in BC in 2015 to be consistent with the CPES-IC/HCAHPS response options. Script formatting and prompts for telephone administration were developed by the BC PCMWG in 2016.

- Questions 42 to 54 are **BC’s Continuity across Transitions in Care module**. Developed and tested between 2014-16. To be fielded for the first time with the CPES-IC in 2016.
- Questions M1 to M21 are **BC’s Maternity module**; these questions were developed and tested in 2005 and have been fielded in BC in 2005, 2008, 2011/12. The questions were further tested by the Ontario Hospital Association in 2015 and will now be used with the OHA changes in both provinces.
- Questions S1 to S5 are **BC’s Surgical module**; these questions were first developed and tested in 2005 and have been fielded in BC in 2005, 2008, 2011/12. The BC Provincial Surgical Executive Council endorsed the questions in this module (Oct 23, 2015) with one wording change.
- Questions P1 to P10 are **BC’s Pediatrics module** sent to parents/guardians of those under the age of 13; with wording changes the same module is sent to Youth between 13 and 18, who receive the survey directly (Y1 to Y10); these questions were developed and tested in 2005 and have been fielded in BC in 2005, 2008, 2011/12.
- Questions R1 to R15 are **BC’s Rehabilitation module**; these questions were developed and tested in 2011 were fielded in BC in 2011/12.

Questions 59 to 68 are **BC’s Patient Safety module (hand hygiene and medication reconciliation)**; these questions were first developed and tested in 2008 and have been fielded in BC in 2008, and 2011/12; these questions were revalidated in 2015 with input from BC’s HH Working Group and BC’s Medication Reconciliation Clinical Expert Group.*

Questions 69 to 72 are BC and 88 to 91 are CPES-IC demographic questions.

Question 92 is a BC open ended question to solicit narrative feedback from patients.

INTRODUCTION

I1. Hello, my name is _____ . I am calling from R.A. Malatest and Associates Ltd. on behalf of the <INSERT NAME OF HA OR AFFILIATE>. We are doing a survey about healthcare. Is this <FName> <LName>?

- Yes..... 1 → **SKIP TO PARTICIPANT REACHED**
- No 2

I2. May I please speak with <FName> <LName>?

- Yes..... 1 → **SKIP TO PARTICIPANT REACHED**
- No 2 → **SKIP TO [Set callback time]**

PARTICIPANT REACHED

I3. I am calling today to talk with you about the care you received from <INSERT NAME OF HOSP> during your hospital stay that ended on <INSERT DISCHARGE DATE (Day/Month/Year)>.You have been randomly chosen from a group of people who were recently in hospital. Your opinions are very important, because the results of this survey will be used to improve the care and services provided in our Hospitals. May I continue?

The survey may take about 30 minutes to complete. Is now a good time to speak with you?

- Yes, I consent to continue 1 → **SKIP TO LANGINTRO**
- How did you get my name? 2 → **SKIP TO I3A**
- Do I have to complete this survey? 3 → **SKIP TO I3B**
- Will I see the results? 4 → **SKIP TO I3C**
- No – set callback time..... 5 → **SKIP TO [Set callback time]**
- No – does not want to do survey via phone..... 6 → **SKIP TO ONLINE OPTION I4**

A. Our firm has been contracted to conduct surveys with people who were recently in hospital. The names and contact information of patients discharged from hospitals in the last two weeks were provided to us by the Hospital and your name was randomly selected to be surveyed. Please rest assured that at all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection Privacy Act. No information about you will be identified in the results.

B. Your participation in this survey is voluntary, and any information you provide will be confidential. You may stop the interview at any time. If there are any questions you feel uncomfortable answering, please let me know and I will move on to the next one. Your decision to do the interview will not affect the health care services you receive. The results of this survey will be used to improve the care and services provided in our hospitals

C. Results of this survey will be posted on the Ministry of Health and health authority public websites at the end of the study. This is a 6 month study and results are expected to be available in the spring of 2017. Your name and any other personal information about you will not be published. At all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection Privacy Act.

ONLINE OPTION

I4. You may also complete the survey online. This would allow you to complete the survey at your convenience. Again, this option may take about 30 minutes, and it does not need to be completed all at once. Would you be interested in this option?

- Yes..... 1 ➔ **SKIP TO WEBSITE**
- No 2 ➔ **SKIP TO ENDO**

WEBSITE

I5. In order for you to complete the survey online, all you need to do is to log onto the website shown in the letter you received in the mail. The letter provides your password and instructions to begin the survey. Would you prefer to do the survey online?

- Yes – wants to do survey online 1 ➔ **SKIP TO ENDO**
- Yes – has lost/misplaced letter with login ID
and wants this emailed 2 ➔ **SKIP TO I5A**
- No – does not want to do survey online either 3 ➔ **SKIP TO ENDO**

ENDO

A. To email a link to the secure online survey to you with your password, I will need your email address. We will only use your email address for the purpose of sending you a link to this survey. At all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act. Do you wish to provide me with your email address?

- **Yes** [SURVEYOR NOTE: re-read email address back to respondent using NATO phonetic alphabet as needed to clarify individual letters.] We will keep your email address for up to 18 days in order to send a reminder message to you. The email will include an unsubscribe function. If activated, this function will auto-delete your email address from our database.
- **No** [SURVEYOR NOTE: Offer to provide web address/URL and survey unique access code for online completion of the survey over the phone and/or schedule a time for a follow-up call to complete the survey via a phone interview]

Thank you for your time. Goodbye.

LANGINTRO

16. Are you comfortable completing the survey in English?

- Yes (survey in English)..... 1
- No (choose language preference and SKIP TO SET CALLBACK):
- French 2
- Punjabi 3
- Chinese (traditional and simplified)..... 4
- German 5
- Vietnamese 6
- Spanish..... 7
- Korean..... 8

Please note your participation in this survey is voluntary and any information you provide is confidential. <INSERT NAME OF HA> collects health information in accordance with the BC Freedom of Information and Privacy Protection Act for the purpose of providing health services or any other purpose authorized under the Act. If you have any questions or concerns regarding the collection, use or disclosure of your information for this survey, please let me know and I can provide you with the contact information for the project lead.

[SURVEYOR NOTE: If person would like contact information READ: Lena Cuthbertson, Provincial Director, Patient-Centred Performance Measurement and Improvement (604 612 0005).]

Any information you provide is voluntary and you can stop the interview at any time. If there are any questions you feel uncomfortable answering, please let me know and I will move on to the next one. Your decision to do the interview will not affect the health care or health care benefits you receive. Your information will be used to improve care and services in BC hospitals and nationally through the Canadian Institute for Health Information. Your information will not be used to identify or contact you after your participation in the survey. The questions should take between 25 and 30 minutes to answer. We will NOT record this interview, however, this call may be monitored by my supervisor for Quality Control purposes.

The results of this survey will be posted on the Ministry of Health and health authority public websites in the spring of 2017 and will be used to improve the care and services provided in our hospitals.

Your name and any other personal information about you will not be published. As mentioned, at all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act.

17. Would you like to do the survey?

- Yes..... 1 =>/SURVEYINTRO
- No 2 =>/END1

END1

Thank you for your time. Goodbye.

SECTION 1: SURVEY START

SURVEYINTRO

Please answer the questions in this survey about your experience at <INSERT NAME OF HOSP> when you were discharged on <INSERT DISCHARGE DATE (Day/Month/Year)>. When thinking about your answers, do not include any other hospital stays. The first questions are about the care you received from nurses during this hospital stay.

[SURVEYOR NOTE: IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED, PROBE THE PATIENT BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.]

[SURVEYOR NOTE: CLICK CONTINUE.]

[DO NOT READ] BEGINNING OF CPES-IC

The first questions are about the care you received from nurses at <INSERT NAME OF HOSP>.

Q1. During this hospital stay, how often did the nurses treat you with courtesy and respect? Would you say [READ OPTIONS]

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q2. During this hospital stay, how often did the nurses listen carefully to you? Would you say... [READ OPTIONS]

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q3. During this hospital stay, how often did the nurses explain things in a way you could understand? Would you say... [READ OPTIONS]

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Would you say.... [READ OPTIONS]

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 77... You never pressed the call button
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q5INTRO

The next questions are about the care you received from doctors at <INSERT NAME OF HOSP>.

[SURVEYOR NOTE: IF PATIENT INDICATES HE/SHE DID NOT SEE DOCTOR: ENCOURAGE PATIENT TO USE SCALE, BUT IF THEY CAN'T, CODE AS DON'T KNOW.]

Q5. During this hospital stay, how often did the doctors treat you with courtesy and respect? Would you say....

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q6. During this hospital stay, how often did the doctors listen carefully to you? Would you say....

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q7. During this hospital stay, how often did the doctors explain things in a way you could understand? Would you say....

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q8INTRO

The next questions are about the hospital environment of <INSERT NAME OF HOSP>.

Q8. During this hospital stay, how often were your room and bathroom kept clean? Would you say....

1..... Never

2..... Sometimes

3..... Usually

4..... Always

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q9. During this hospital stay, how often was the area around your room quiet at night? Would you say....

1..... Never

2..... Sometimes

3..... Usually

4..... Always

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q10INTRO

The next questions are about your experiences at <INSERT NAME OF HOSP>.

Q10. 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 → SKIP TO Q12

98... [DO NOT READ] Don't Know..... → SKIP TO Q12

99... [DO NOT READ] Prefer not to answer → SKIP TO Q12

Q11. How often did you get help in getting to the bathroom or in using the bedpan as soon as you wanted? Would you say....

1..... Never

2..... Sometimes

3..... Usually

4..... Always

97... [DO NOT READ] Not Applicable

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q12. During this hospital stay, did you need medicine for pain?

- 1..... Yes
- 2..... No → SKIP TO Q15
- 98... [DO NOT READ] Don't Know..... → SKIP TO Q15
- 99... [DO NOT READ] Prefer not to answer → SKIP TO Q15

Q13. During this hospital stay, how often was your pain well controlled? Would you say....

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? Would you say....

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q15. During this hospital stay, were you given any medicine that you had not taken before?

- 1..... Yes
- 2..... No → SKIP TO Q18INTRO
- 98... [DO NOT READ] Don't Know..... → SKIP TO Q18INTRO
- 99... [DO NOT READ] Prefer not to answer → SKIP TO Q18INTRO

Q16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say....

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say....

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q18INTRO

The next questions are about when you left <INSERT NAME OF HOSP>.

Q18. After you left the hospital, did you go directly to....

- 1..... Your Own Home
- 2..... Someone Else's Home
- 3..... Another Health Facility..... → SKIP TO Q21
- 98... [DO NOT READ] Don't Know/Missing..... → SKIP TO Q21
- 99... [DO NOT READ] Prefer not to answer → SKIP TO Q21

[SURVEYOR NOTE: IF RESPONDENT INDICATES HE/SHE IS HOMELESS OR WAS DISCHARGED TO A SHELTER, RECORD RESPONSE AS 98 DON'T KNOW/MISSING]

Q19. During your 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
- 97... [DO NOT READ] Not Applicable
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q20. 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
- 97... [DO NOT READ] Not Applicable
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q21. We want to know your overall rating of your stay at <INSERT NAME OF HOSP>. This is the stay that ended around <INSERT DISCHARGE DATE (Day/Month/Year)>. Please do not include any other hospital stays in your answer.

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

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q22. Would you recommend <INSERT NAME OF HOSP> to your friends and family? Would you say....

1..... Definitely No

2..... Probably No

3..... Probably Yes

4..... Definitely Yes

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q23INTRO

The next questions are about your arrival at <INSERT NAME OF HOSP>.

Q23. When you arrived at the hospital, did you go to the Emergency Department?

1..... Yes → SKIP TO Q26

2..... No

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process?

1..... Not At All

2..... Partly

3..... Quite a Bit

4..... Completely

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q25. Was your admission into the hospital organized?

- 1..... Not At All → SKIP TO Q30
 2..... Partly..... → SKIP TO Q30
 3..... Quite a Bit..... → SKIP TO Q30
 4..... Completely → SKIP TO Q30
 98... [DO NOT READ] Don't Know..... → SKIP TO Q30
 99... [DO NOT READ] Prefer not to answer → SKIP TO Q30

Q26. When you were in the Emergency Department, did you get enough information about your condition and treatment?

- 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer

Q27. Were you given enough information about what was going to happen during your admission to the hospital?

[SURVEYOR NOTE: IF NECESSARY, STATE THAT THIS QUESTION IS ASKING ABOUT THEIR ADMISSION THROUGH THE EMERGENCY DEPARTMENT]

- 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer

Q28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?

- 1..... Yes
 2..... No
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer

Q29. Was your transfer from the Emergency Department into the hospital bed organized?

- 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer

Q30INTRO

The next set of questions is about your stay in <INSERT NAME OF HOSP>.

Q30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q32. How often were tests and procedures done when you were told they would be done?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 77... I did not have any tests or procedures
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q33. During this hospital stay, did you get all the information you needed about your condition and treatment?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q34. Did you get the support you needed to help with any anxieties, fears, or worries you had during this hospital stay?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 77... Not Applicable
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q35. Were you involved as much as you wanted to be in decisions about your care and treatment during this hospital stay?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q36. During your hospital stay, were your family or friends involved as much as you wanted in decisions about your care and treatment?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 5..... You did not want them involved
- 6..... You did not have family or friends to be involved
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q37INTRO

The next questions are about your experiences when you left <INSERT NAME OF HOSP>.

Q37. 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?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... [DO NOT READ] Not Applicable
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q38. 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?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... [DO NOT READ] Not Applicable
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q39. When you left the hospital, did you have a better understanding of your condition than when you entered?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q40INTRO

The next questions are about your experiences in <INSERT NAME OF HOSP>.

Q40. Overall, on a scale of 0 to 10, 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." [DO NOT READ SCALE]

- 0..... Not helped at all
- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....
- 8.....
- 9.....
- 10... Helped completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q41. On a scale of 0 to 10, what was your overall experience with your hospital stay? Please answer on a scale where 0 is “I had a poor experience” and 10 is “I had a very good experience.” [DO NOT READ SCALE]

0..... I had a very poor experience

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

9.....

10... I had a very good experience

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

[DO NOT READ] BC CONTINUITY OF CARE MODULE

Q42INTRO

The next set of questions is about your experiences when your care changed.

Q42. During this hospital stay, did doctors tell you what would happen next during your care?

1..... Not At All

2..... Partly

3..... Quite a Bit

4..... Completely

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q43. During this hospital stay, did nurses tell you what would happen next during your care?

1..... Not At All

2..... Partly

3..... Quite a Bit

4..... Completely

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

Q44. During this hospital stay, did you get consistent information from your doctors, nurses and other hospital staff?

1..... Never

2..... Sometimes

3..... Usually

4..... Always

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

- Q45. During your hospital stay, when your doctors changed, did the next doctor seem up-to-date on your care?**
1..... Never
2..... Sometimes
3..... Usually
4..... Always
77... There were no changes in the doctors treating me
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer
- Q46. During this hospital stay, when your doctors changed, did you have confidence in the care the next doctor provided?**
1..... Never
2..... Sometimes
3..... Usually
4..... Always
77... There were no changes in the doctors treating me
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer
- Q47. During this hospital stay, when your nurses changed, did the next nurse seem up-to-date about your care?**
1..... Never
2..... Sometimes
3..... Usually
4..... Always
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer
- Q48. During this hospital stay, when your nurses changed, did you have confidence in the care the next nurse provided?**
1..... Never
2..... Sometimes
3..... Usually
4..... Always
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer
- Q49. Before you left the hospital, did the doctors, nurses or other hospital staff give your family or someone close to you enough information to help care for you?**
1..... Not At All
2..... Partly
3..... Quite a Bit
4..... Completely
5..... I did not want information provided to anyone
6..... I did not need information provided to anyone

- 7..... I had no family or friends involved
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q50. Before you left the hospital, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you went home?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q51. Before you left the hospital, did you get enough information from hospital staff about appointments and tests you needed after you left the hospital?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... I did not need appointments or tests after I left the hospital
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q52. Before you left the hospital, were you told when you can resume your regular daily activities?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q53. After you left the hospital, did someone from the hospital contact you to see how you were doing?

- 1..... Yes – Someone from the hospital
- 2..... Yes – Someone from my doctor's office
- 3..... Yes – Someone else
- 4..... No
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q54. After you left the hospital, did the doctors or other staff who usually provide your medical care seem informed and up-to-date about the care you received in the hospital?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 5..... I did not need care after I left the hospital
- 6..... I do not have a place where I usually receive medical care
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

MODULE SCREENER

If DOB is 2003 or later (age greater than or equal to 11 days and less than 13) → SKIP TO PEDIATRICS MODULE

If between 1999 and 2003 (age between 13 and 17) → SKIP TO YOUTH MODULE

If <SERVICE INDICATOR> FLAG – MATERNITY → SKIP TO MATERNITY MODULE

If <SERVICE INDICATOR> FLAG – REHAB → SKIP TO REHAB MODULE

[DO NOT READ] BC PEDIATRICS MODULE

P1INTRO

The next set of questions are about your experiences with the care provided to your child.

P1. During this hospital stay, did the nurses pay enough attention to your experiences and suggestions in caring for your child?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

P2. During this hospital stay, did you feel welcome to stay with your child as much as you wanted?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

- P3. During this hospital stay, did someone on the hospital staff teach you what you needed to know to care for your child at home?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 77... Not Applicable
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- P4. During this hospital stay, was your child ever in any pain?**
- 1..... Yes
 - 2..... No → SKIP TO P6
 - 98... [DO NOT READ] Don't Know..... → SKIP TO P6
 - 99... [DO NOT READ] Prefer not to answer → SKIP TO P6
- P5. During this hospital stay, did a doctor or nurse ask your child questions about his or her pain?**
- 1..... Never
 - 2..... Sometimes
 - 3..... Usually
 - 4..... Always
 - 77... Child is too young
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- P6. During this hospital stay, were nurses available to answer your questions or concerns when you needed them?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 77... I had no questions or concerns
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- P7. During this hospital stay, was information about his or her condition discussed with your child in a way he or she could understand?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 77... Child is too young/could not understand
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer

P8. During this hospital stay, do you feel you had a doctor or nurse that had a good understanding of your child's condition and treatment?

1..... Not At All

2..... Partly

3..... Quite a Bit

4..... Completely

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

P9. During this hospital stay, when you or your child used the call button to get help, was the response quick enough?

1..... Never

2..... Sometimes

3..... Usually

4..... Always

77... We did not use the call button

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

P10. During this hospital stay, did your child receive the care he or she needed when he or she needed it?

1..... Never

2..... Sometimes

3..... Usually

4..... Always

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

[DO NOT READ] BC YOUTH MODULE

Y1. During this hospital stay, did the nurses pay enough attention to your experiences and suggestions in caring for you?

1..... Not At All

2..... Partly

3..... Quite a Bit

4..... Completely

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

- Y2. During this hospital stay, did your family and friends feel welcome to stay with you as much as you wanted?**
 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 77... I had no family or friends involved
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer
- Y3. During this hospital stay, did someone on the hospital staff teach you what you needed to know to care for yourself at home?**
 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 77... Not Applicable
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer
- Y4. During this hospital stay, were you ever in any pain?**
 1..... Yes
 2..... No → SKIP TO Y6
 98... [DO NOT READ] Don't Know..... → SKIP TO Y6
 99... [DO NOT READ] Prefer not to answer → SKIP TO Y6
- Y5. During this hospital stay, did a doctor or nurse ask you questions about your pain?**
 1..... Never
 2..... Sometimes
 3..... Usually
 4..... Always
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer
- Y6. During this hospital stay, were the nurses available to answer your questions or concerns when you needed them?**
 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 77... I had no questions or concerns
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer

- Y7. During this hospital stay, was information about your condition discussed with you in a way you could understand?**
 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer
- Y8. During this hospital stay, do you feel you had a doctor or nurse that had a good understanding of your condition and treatment?**
 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer
- Y9. During this hospital stay, when you used the call button to get help, was the response quick enough?**
 1..... Never
 2..... Sometimes
 3..... Usually
 4..... Always
 77... I did not use the call button
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer
- Y10. During this hospital stay, did you receive the care you needed when you needed it?**
 1..... Never
 2..... Sometimes
 3..... Usually
 4..... Always
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer

[DO NOT READ] BC/ONTARIO MATERNITY MODULE

- M1. Was your most recent stay at this hospital for a childbirth experience?**
 1..... Yes
 2..... No **CHECK FLAG FOR REHAB, IF APPLICABLE GO TO REHAB MODULE, OTHERWISE S1 (Surgery module)**

M2INTRO

The next set of questions are about the care you received related to your recent stay for a childbirth experience.

M2. While in the hospital, did your doctor, midwife or nurse answer your questions about your childbirth in a way you could understand?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... I did not have questions
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M3. While in the hospital, were you given enough information about what to expect about your own physical recovery after birth?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... I did not have questions
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M4. While in the hospital, were you given enough information about any emotional changes you might experience after the birth?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M5. While in the hospital, did your doctor, midwife, or nurse discuss different options for pain control during the labour and delivery with you?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M6. Overall was your pain well controlled? Please answer on a scale where 0 is “Not controlled at all” and 10 is “Controlled completely.”

0..... Not Controlled at All

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

9.....

10... Controlled Completely

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

M7. While in the hospital, did you get enough information about caring for your baby?

1..... Not At All

2..... Partly

3..... Quite a Bit

4..... Completely

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

M8. While in the hospital, did you get enough information to support your decision to breast or bottle feed your baby?

1..... Not At All

2..... Partly

3..... Quite a Bit

4..... Completely

77... Not applicable

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

M9. While in the hospital, did doctors, midwives or nurses give you the assistance and support you needed to help you breast feed your baby?

1..... Not At All

2..... Partly

3..... Quite a Bit

4..... Completely

77... Not applicable

98... [DO NOT READ] Don't Know

99... [DO NOT READ] Prefer not to answer

M10. While in the hospital, did you get enough information about bathing your baby?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M11. Newborn screening is a blood test done shortly after birth to test for treatable diseases that are not usually apparent in the newborn period. Whil in the hospital, were you offered a newborn screening test for your baby?

- 1..... Yes
- 2..... No
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M12. While in the hospital, did you get the information you needed about immunizations for your baby?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... Not applicable
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M13. While in the hospital, did you get enough information about caring for yourself?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... Not applicable
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M14. After the birth of your baby, were other family members or those close to you able to stay with you as much as you wanted?

- 1..... Never
- 2..... PartlySometimes
- 3..... Usually
- 4..... Always
- 5..... No family or friends were involved
- 6..... [DO NOT READ] Don't Know
- 7..... [DO NOT READ] Prefer not to answer

M15. While in the hospital, did doctors, midwives, or nurses respect your wishes for labour and delivery in the care that was provided?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M16. Before you left the hospital, did hospital staff tell you what symptoms to watch for in your baby?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M17. Before you left the hospital, were you given enough information about support services available in your community for you and your baby?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M18. Before you left the hospital, did you get enough information from hospital staff about appointments and tests you and your baby needed after you left the hospital?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M19. When you first brought your baby home, how confident did you feel about caring for your baby?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M20. After you left the hospital, did you receive a visit from a nurse at your home?

- 1..... Yes
- 2..... No
- 3..... No, and I needed one
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M21. Did your prenatal care prepare you for your labour and delivery at the hospital?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

M22. Was this your first childbirth experience?

- 1..... Yes
- 2..... No
- 99... [DO NOT READ] Prefer not to answer

[DO NOT READ] BC REHABILITATION MODULE**R1. During this hospital stay, how often did therapists treat you with courtesy and respect?**

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... Don't Know
- 99... Prefer not to answer

R2. During this hospital stay, how often did therapists listen carefully to you?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... Don't Know
- 99... Prefer not to answer

R3. During this hospital stay, how often did therapists explain things in a way you could understand?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... Don't Know
- 99... Prefer not to answer

- R4. During this hospital stay, did your therapists, nurses and doctors work well together?**
1..... Not At All
2..... Partly
3..... Quite a Bit
4..... Completely
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer
- R5. During this hospital stay, were you encouraged to participate in setting your goals?**
1..... Not At All
2..... Partly
3..... Quite a Bit
4..... Completely
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer
- R6. During this hospital stay, was your therapy program explained to you in a way that you could understand?**
1..... Not At All
2..... Partly
3..... Quite a Bit
4..... Completely
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer
- R7. During this hospital stay, were you kept well-informed about your progress in areas that were important to you?**
1..... Not At All
2..... Partly
3..... Quite a Bit
4..... Completely
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer
- R8. During this hospital stay, were your family/friends involved in your rehabilitation as much as you wanted?**
1..... Not At All
2..... Partly
3..... Quite a Bit
4..... Completely
77... Not Applicable
98... [DO NOT READ] Don't Know
99... [DO NOT READ] Prefer not to answer

- R9. During this hospital stay, did you accomplish what you expected in your rehabilitation program?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- R10. During this hospital stay, did the program staff make changes to your program as necessary?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- R11. During this hospital stay, did you learn what you needed to know in order to manage your condition?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 77... Not Applicable
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- R12. During this hospital stay, did your care staff tell you what to expect about how you might progress in regaining your abilities?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- R13. During this hospital stay, were you given adequate information about support services in the community?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 77... I did not require support services
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer

R14. Before you left the hospital, did hospital staff make referrals for home care nurses?

- 1..... Yes
- 2..... No
- 77... I did not require home care nurses
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

R15. Before you left the hospital, did hospital staff make referrals for community therapists/outpatient therapy?

- 1..... Yes
- 2..... No
- 77... I did not require community therapists/outpatient therapy
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

[DO NOT READ] BC SURGICAL MODULE [ALL RESPONDENTS TO RECEIVE S1 TO BE SCREENED FOR MODULE]

S1. [ASK ALL RESPONDENTS] During your stay in hospital, did you have an operation?

- 1..... Yes
- 2..... No → SKIP TO Q56INTRO
- 98... [DO NOT READ] Don't Know..... → SKIP TO Q56INTRO
- 99... [DO NOT READ] Prefer not to answer → SKIP TO Q56INTRO

S2. The next set of questions are about the care you received related to your operation. Before your operation, did hospital staff and/or doctors explain the risks and benefits of the operation in a way you could understand?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... I did not want an explanation
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

- S3. Before your operation, did hospital staff answer your questions about the operation in a way you could understand?**
 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 77... I did not have any questions
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer
- S4. Before your operation, were you told how you could expect to feel after you had the operation?**
 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer
- S5. After your operation, did hospital staff explain how the operation had gone in a way you could understand?**
 1..... Not At All
 2..... Partly
 3..... Quite a Bit
 4..... Completely
 98... [DO NOT READ] Don't Know
 99... [DO NOT READ] Prefer not to answer

[DO NOT READ] BC PATIENT SAFETY MODULE

Q55INTRO

The next set of questions are about your medications and ways hospitals try to keep you safe.

- Q59. Patients may take prescription and non-prescription medicines, including vitamins, herbal medicines, and over-the-counter medicines. When you arrived at the hospital, did a doctor, nurse, [INSERT "midwife," if M1=1] or pharmacist ask you about all the medicines you had been taking at home?**
 1..... Yes
 2..... No
 98... Don't Remember
 99... [DO NOT READ] Prefer not to answer

Q60. Before leaving the hospital patients should receive information in writing about what medicines to stop, change or start taking. Was the written information you received about your medicines easy to understand?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 5..... I didn't need any medicine
- 6..... I didn't receive any written information
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q61. During this hospital stay, did staff check your identification band before giving you medications, treatments, or tests?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q62INTRO

Cleaning your hands is the single most important thing you, your care providers, your family member and your visitors can do to prevent infections. All care providers are expected to clean their hands before caring for you. Hand cleaning includes washing with soap and water or using an alcohol-based hand rub.

Q62. During this hospital stay, did you notice your doctor(s) wash or clean their hands before caring for you?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q63. During this hospital stay, did you notice other care providers wash or clean their hands before caring for you?

- 1..... Never
- 2..... Sometimes
- 3..... Usually
- 4..... Always
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

- Q64. During this hospital stay, did hospital staff tell you about the the importance of washing or cleaning your own hands?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- Q65. During this hospital stay, did hospital staff show you how to properly wash or clean your own hands?**
- 1..... Never
 - 2..... Sometimes
 - 3..... Usually
 - 4..... Always
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- Q66. During this hospital stay, did hospital staff tell you about products available for you to wash or clean your own hands?**
- 1..... Never
 - 2..... Sometimes
 - 3..... Usually
 - 4..... Always
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- Q67. 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?**
- 1..... Never
 - 2..... Sometimes
 - 3..... Usually
 - 4..... Always
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer
- Q68. During this hospital stay, do you believe you or your family members suffered personal injury or harm, which resulted from a medical error or mistake?**
- 1..... Not At All
 - 2..... Partly
 - 3..... Quite a Bit
 - 4..... Completely
 - 98... [DO NOT READ] Don't Know
 - 99... [DO NOT READ] Prefer not to answer

Q69. Do you feel your spiritual needs are an important part of your overall care?

- 1..... Yes
- 2..... No → SKIP TO Q71
- 77... I do not have spiritual needs → SKIP TO Q71
- 98... [DO NOT READ] Don't Know..... → SKIP TO Q71
- 99... [DO NOT READ] Prefer not to answer → SKIP TO Q71

Q70. During this hospital stay, were your spiritual needs met?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 77... I did not want spiritual care
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q71. During this hospital stay, do you feel you were treated with compassion?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 5..... [DO NOT READ] Don't Know
- 6..... [DO NOT READ] Prefer not to answer

Q72. During this hospital stay, do you feel that your care providers were respectful of your culture and traditions?

- 1..... Not At All
- 2..... Partly
- 3..... Quite a Bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

[DO NOT READ] CPES-IC CONTINUED

Q88INTRO

The last few questions are about you. This information will only be used to group our results.

Q88. In general, how would you rate your overall physical health?

- 1..... Excellent
- 2..... Very good
- 3..... Good
- 4..... Fair
- 5..... Poor
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q89. In general, how would you rate your overall mental or emotional health?

- 1..... Excellent
- 2..... Very good
- 3..... Good
- 4..... Fair
- 5..... Poor
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q90. What is the highest grade or level of school that you have completed?

[SURVEYOR NOTE: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE SHOULD BE CODED AS "Undergraduate degree or some university". IF THE RESPONDENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF S/HE HAS A HIGH SCHOOL DIPLOMA AND CODE " High school or high school equivalency certificate" OR " Some high school, but did not graduate", AS APPROPRIATE.]

- 1..... 8th grade or less
- 2..... Some high school, but did not graduate
- 3..... High school or high school equivalency certificate
- 4..... College, CEGEP or other non-university certificate or diploma
- 5..... Undergraduate degree or some university
- 6..... Post-graduate degree or professional designation
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

Q91. The following question will help us to better understand the communities that we serve. Do you consider yourself to be...? (Select all that apply)

[SURVEYOR NOTE: READ OPTIONS UNTIL OPTION IS SELECTED, BUT CONTINUE TO READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW THE RESPONDENT TO REPLY TO EACH RACE CATEGORY (FOR MULTI-RACIAL INDIVIDUALS).

IF THE RESPONDENT REPLIES, “WHY ARE YOU ASKING MY RACE?”:

We ask about your race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity in this country.

IF THE RESPONDENT REPLIES, “I ALREADY TOLD YOU MY RACE”:

I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to you please answer no. Thanks for your patience.]

- 1..... White
- 2..... Chinese
- 3..... First Nation
- 4 Inuit
- 5..... Métis
- 6..... Indigenous/Aboriginal (not included elsewhere)
- 7..... South Asian (for example, East Indian, Pakistani, Sri Lankan, etc.)
- 8..... Black
- 9..... Filipino
- 10... Latin American
- 11... Southeast Asian (for example, Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- 12... Korean
- 13... Japanese
- 14... Other
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

APL1. [NHA Aboriginal Self Identified Patients Only] Were you visited by the Aboriginal Patient Liaison during this hospital stay?

- 1..... Yes → Continue to APL2
- 2..... Did not visit → Skip to Q92
- 3..... No, but would have liked visit → Skip to Q92
- 97... [DO NOT READ] Not applicable → Skip to Q92

APL2. Did the visit(s) by the Aboriginal Patient Liaison help meet your needs?

- 1..... Not at all
- 2..... Partly
- 3..... Quite a bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

APL3. Do you feel your cultural needs are an important part of your hospital care?

- 1..... Yes → Continue to APL4
- 2..... No → Skip to Q92
- 3..... I do not have cultural needs → Skip to Q92
- 98... [DO NOT READ] Don't Know → Skip to Q92
- 99... [DO NOT READ] Prefer not to answer → Skip to Q92

APL4. Do you feel that the hospital staff was respectful of your culture?

- 1..... Not at all
- 2..... Partly
- 3..... Quite a bit
- 4..... Completely
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

[DO NOT READ] FINAL OPEN-ENDED QUESTION**Q92INTRO**

My final question is to ask you if there is anything else you would like to tell us about your hospital experience. We would like to know...

Q92. What is the most important change we could make on this hospital unit? We welcome your additional comments.

- 1..... [ENTER COMMENT]
- 2..... No
- 98... [DO NOT READ] Don't Know
- 99... [DO NOT READ] Prefer not to answer

SURVEY END

[READ ONLY IF RESPONDENT ASKS] If you would like to speak with someone regarding your care experience, please contact the Patient Care Quality Office at [toll free number inserted based on HA]

[READ] Thank you for taking the time to complete this survey. Your answers are greatly appreciated. The results will be posted on the Ministry of Health and health authority public websites in the Spring of 2017.

Have a nice evening / good day. Goodbye.