

PATIENT QUESTIONNAIRE

Please complete the survey below.

Thank you!

1 Patient first name

2 Patient last name

(Do not use apostrophes or commas when entering names.)

3 MRN

4 Survey date

5 Date of birth

6 Sex

- Male
- Female

11 Did the patient consent to this questionnaire?

- Yes
- No

If no, please explain

Is the patient eligible for the survey (speaks English, able to respond to questions reliably)?

- Yes
- No

If no, please state why not

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- 12 In general, how would you rate your overall health?
- Excellent
 Very good
 Good
 Fair
 Poor
- 13 In general, how would you rate your overall mental or emotional health?
- Excellent
 Very good
 Good
 Fair
 Poor
- 14 How satisfied are you with the overall care you received/are receiving since you were admitted?
- Very satisfied
 Somewhat satisfied
 Not satisfied
 Unsure
- 15 How confident are you about your ability to manage your health issues after leaving the hospital?
- Very confident
 Somewhat confident
 Not confident
 Unsure
- 16 How likely would you say you are to be readmitted to the hospital in the next 30 days?
- Very likely
 Somewhat likely
 Not likely
 Unsure
- 17 Is there anything you can think of that would help you manage your health outside the hospital?
-
- 18 During this hospital stay, how often do doctors listen carefully to you?
- Always
 Usually
 Sometimes
 Never
- 19 During this hospital stay, how often do doctors explain things in a way you could understand?
- Always
 Usually
 Sometimes
 Never
- 20 During this hospital stay, do doctors, nurses or other hospital staff talk with you about whether you will have the help you need when you leave the hospital?
- Yes
 No
- 21 During this hospital stay, do you expect to get information in writing about what symptoms or health problems to look out for after you leave the hospital?
- Yes
 No
- 22 During this hospital stay, how often have staff taken your wishes into account in deciding what you will need when you leave the hospital?
- Always
 Usually
 Sometimes
 Never

- 23 During this hospital stay, how often have staff taken the wishes of your caregivers into account in deciding what you will need when you leave the hospital?
- Always
 Usually
 Sometimes
 Never
 Not applicable
- 23 Do you have a good understanding of the things you are responsible for in managing your health after you leave the hospital?
- Yes
 No
 Unsure
- 24 Was this person able to complete the survey?
- Yes, all questions were answered to the best of the patient's ability
 No, some questions were answered; the patient IS willing to answer unanswered questions in the future
 No, some questions were answered; the patient is NOT willing to answer unanswered questions in the future
- 26 Are you willing to be contact in the future via phone for additional research?
- Yes
 No
- 7 Are you of Hispanic or Latino background, such as Mexican, Puerto Rican or other South American or Latin American background?
- Yes
 No
 Unknown
- 8 Which of the following do you consider yourself to be?
- White
 Black or African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian or other Pacific Islanders
 Other, specify
 Unknown or not reported
- Other race, please specify _____
- 9 What language do you prefer to speak with your doctors and nurses?
- English
 Spanish
 Creole
 Other
- 10 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 graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree