

## SURVEY INSTRUCTIONS

This survey asks about experiences while the **person named on the cover letter** was a patient at the **rehabilitation hospital/unit named in the cover letter**. When answering the questions in this survey, think about this rehabilitation stay referenced in the cover letter. Do not include information about any other hospital stays in your answers.

If the patient named on the cover letter is not able to answer the questions (the patient is not well enough), please give this survey to someone who is familiar with the patient's rehabilitation stay.

Answer all the questions by completely filling in the circle to the left of your answer. 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 63**

## I. THE BEGINNING OF THE PATIENT'S STAY IN THE REHABILITATION HOSPITAL/UNIT

1. When the patient was admitted to the rehabilitation hospital/unit, did the staff fully explain to the patient or the family/friend involved with the patient's care **what the patient's stay would be like**?
  - Yes, definitely
  - Yes, somewhat
  - No

2. During this rehabilitation stay, did the staff work with the patient or the family/friend involved with the patient's care to **set the patient's goals**?
  - Yes, definitely
  - Yes, somewhat
  - No

## II. STAFF AT THE REHABILITATION HOSPITAL/UNIT

3. **Nursing aides/assistants and patient care technicians** are not nurses but other staff who may help patients in various ways. For example, they may help patients get to and from bed or the bathroom, or help with eating and dressing. During this rehabilitation stay, did the patient receive care from **nursing aides/assistants or patient care technicians**?
  - Yes
  - No → **If No, go to question 6**
4. During this rehabilitation stay, how often did the **nursing aides/assistants and patient care technicians** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always

5. During this rehabilitation stay, how often did the **nursing aides/assistants and patient care technicians** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always
6. During this rehabilitation stay, did the patient receive care from **nurses**?
- Yes
  - No → **If No, go to question 9**
7. During this rehabilitation stay, how often did the **nurses** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
8. During this rehabilitation stay, how often did the **nurses** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always
9. During this rehabilitation stay, did the patient receive care from **doctors**?
- Yes
  - No → **If No, go to question 12**
10. During this rehabilitation stay, how often did the **doctors** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
11. During this rehabilitation stay, how often did the **doctors** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always
12. During this rehabilitation stay, did the patient receive **physical therapy**?
- Yes
  - No → **If No, go to question 15**
13. During this rehabilitation stay, how often did the **physical therapy staff** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always

14. During this rehabilitation stay, how often did the **physical therapy staff** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always
15. During this rehabilitation stay, did the patient receive **occupational therapy**?
- Yes
  - No → If No, go to question 18
16. During this rehabilitation stay, how often did the **occupational therapy staff** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
17. During this rehabilitation stay, how often did the **occupational therapy staff** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always
18. During this rehabilitation stay, did the patient receive **speech therapy**?
- Yes
  - No → If No, go to question 21
19. During this rehabilitation stay, how often did the **speech therapy staff** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
20. During this rehabilitation stay, how often did the **speech therapy staff** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always
21. **Case managers and social workers** are staff who may help with specific issues such as discharge planning, follow-up care, and insurance coverage. During this rehabilitation stay, did the patient or the family/friend involved with the patient's care interact with case managers and social workers?
- Yes
  - No → If No, go to question 24
22. During this rehabilitation stay, how often did the **case managers and social workers** treat the patient and the family/friend involved with the patient's care with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always

23. During this rehabilitation stay, how often did the **case managers and social workers** explain things in a way the patient or the family/friend involved with the patient's care could understand?
- Never
  - Sometimes
  - Usually
  - Always

When answering questions 24 through 28, think about **all staff at** the rehabilitation hospital/unit who were involved in the patient's care—including but not limited to doctors, physician assistants, nurses, therapists, technicians, aides, case managers, social workers, and discharge planners.

24. During this rehabilitation stay did the patient or the family/friend involved with the patient's care **receive the same information** from the different staff about the patient's care?
- Yes, definitely
  - Yes, somewhat
  - No
25. During this rehabilitation stay, did staff **discuss the patient's progress** with the patient or the family/friend involved with the patient's care?
- Yes, definitely
  - Yes, somewhat
  - No

26. During this rehabilitation stay, how often was the patient or the family/friend involved with the patient's care able to **discuss needs and concerns** with the staff?
- Never
  - Sometimes
  - Usually
  - Always
27. During this rehabilitation stay, how often did the staff give **encouragement and support** to the patient or the family/friend involved with the patient's care?
- Never
  - Sometimes
  - Usually
  - Always
28. During this rehabilitation stay, after the call button was pressed how often did the patient **get help** as soon as he/she wanted it?
- Never
  - Sometimes
  - Usually
  - Always
  - Never pressed the call button

### III. EXPERIENCE AT THIS REHABILITATION HOSPITAL/UNIT

For questions 29 through 36, please indicate your level of agreement with the following statements:

29. During this rehabilitation stay, the patient's room and bathroom were kept clean.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
30. During this rehabilitation stay, the staff were considerate of the patient's need for sleep.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
31. During this rehabilitation stay, the staff were considerate of the patient's personal privacy—such as when showering, dressing, or using the toilet.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
32. During this rehabilitation stay, the staff regularly paid attention to the patient's personal hygiene needs—such as brushing the patient's teeth, using the bathroom, or bathing/showering.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
33. During this rehabilitation stay, the rehabilitation hospital/unit had therapy equipment to support the patient's rehabilitation goals.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
  - Patient did not need any equipment
34. During this rehabilitation stay, did the patient have physical pain?
- Yes
  - No → **If No, go to question 37**
35. During this rehabilitation stay, the staff were responsive when they were told about the patient's physical pain.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
36. During this rehabilitation stay, the staff gave options about different ways to manage the patient's physical pain.
- Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree

#### IV. PREPARING FOR LEAVING THE REHABILITATION HOSPITAL/UNIT

37. Towards the end of this rehabilitation stay, did the staff spend enough time talking with the patient or the family/friend involved with the patient's care about what to expect and what would be needed after the patient's stay ended?
- Yes, definitely
  - Yes, somewhat
  - No
  - Not Applicable
38. Towards the end of this rehabilitation stay, did the staff give the patient or the family/friend involved with the patient's care information about the medication to be taken after discharge, including what the medication was for, how to take it, and possible side effects?
- Yes, definitely
  - Yes, somewhat
  - No
  - Not Applicable
39. Towards the end of this rehabilitation stay, did the staff inform the patient or the family/friend involved with the patient's care that they could contact the rehabilitation hospital/unit with any questions or concerns after the patient left?
- Yes, definitely
  - Yes, somewhat
  - No
  - Not Applicable

#### V. OVERALL RATING OF THE REHABILITATION HOSPITAL/UNIT

For the following questions, please rate the rehabilitation hospital/unit **named on the cover letter**. **Do not include any other hospital stays in your answers.**

40. Using any number from 0 to 10, where 0 is the worst rehabilitation hospital/unit possible and 10 is the best rehabilitation hospital/unit possible, what number would you use to rate this rehabilitation hospital/unit?
- 0 Worst possible
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10 Best possible
41. Would you recommend this rehabilitation hospital/unit to a family member or friend?
- Definitely no
  - Probably no
  - Probably yes
  - Definitely yes

## VI. ABOUT THE PATIENT

Please answer the following questions about the **patient who received care at the rehabilitation hospital/unit**.

42. In general, how would you rate the patient's current overall health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
43. In general, how would you rate the patient's overall current mental or emotional health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
44. What sex was the patient assigned at birth, on their original birth certificate?
- Male
  - Female
45. How does the patient describe themselves?
- Male
  - Female
  - Transgender
  - Does not identify as female, male, or transgender
46. Which of the following best describes how the patient thinks of themselves?
- Lesbian or Gay
  - Straight, that is, not lesbian or gay
  - Bisexual
  - Something else
  - I don't know the answer
47. What is the patient's marital status?
- Married
  - Widowed
  - Divorced or separated
  - Never Married
  - Living with a partner
48. What is the highest grade or level of school the patient has 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
49. Is the patient of Hispanic, Latino, or Spanish origin or descent?
- No, not Hispanic, Latino, or Spanish
  - Yes, Puerto Rican
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Cuban
  - Yes, Other Spanish/Hispanic/Latino

50. What is the patient's race? Choose all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

51. What language does the patient **mainly** speak at home?

- English
- Spanish
- Other language (Please specify):

---

*(Please print.)*

52. Who completed this survey?

- The patient → **Please go to question 58**
- The patient with help → **Please go to question 53**
- Someone other than the patient → **Please go to question 53**

## VII. ABOUT THE RESPONDENT WHO IS NOT THE PATIENT

Please answer the following questions about the person (not the patient) who helped the patient complete this survey or who completed this survey.

53. How did this person help the patient with this survey? Choose all that apply.

- No one helped the patient complete this survey → **Please go to question 58**
- Answered the questions for the patient
- Answered the questions for the patient because the patient is deceased
- Read the questions to the patient
- Wrote down the patient's answers
- Translated the questions into the patient's language
- Helped in some other way (Please explain):

---

*(Please print.)*

54. What is this person's relationship to the patient?

- Spouse or Partner
- Son or Daughter of patient
- Sibling
- Parent of patient
- Other family member
- Friend
- Someone else (Please explain that relationship):

---

*(Please print.)*



55. While the patient was in the rehabilitation hospital/unit, how often did this person take part in or oversee care for him/her?
- Never
  - Sometimes
  - Usually
  - Always
56. What is this person's age?
- 18 to 24 years
  - 25 to 34 years
  - 35 to 44 years
  - 45 to 54 years
  - 55 to 64 years
  - 65 to 74 years
  - 75 to 79 years
  - 80 to 84 years
  - 85 years or older
57. Is this person male or female?
- Male
  - Female
58. Do you have comments about your experience you would like us to provide to the rehabilitation hospital/unit named in the cover letter?

---

---

---

---

---

---

---

**END.** Thank you for completing the survey. Please mail the completed survey using the prepaid envelope provided.

If you no longer have the postage-paid envelope, please mail to: