

PATIENT SURVEY

Hospital Code: _____ Patient no. _____

H_cond. **Condition**

AMI

Stroke

Hip Fracture

Delivery

Your hospital experience ...

In the following we present some general statements *about the care you received during your hospital stay*. Please tick for each statement the box **that best describes your experience**.

Your responses should only reflect what YOU PERSONALLY think!

To what extent ...	Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
N1. Did the doctors talk to you in a way that you understood what they meant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N2. Did you have confidence in the doctors' professional competence ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N3. Did you have confidence in the professional competence of the nurses and other care-giving staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N4. Did you feel that the doctors and nurses took good care of you ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N5. Did you feel that the doctors and nurses paid attention to your description of your situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N6. Where you given the information you needed on how the tests and examinations would be carried out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N7. Where you involved in decisions regarding your care in the way you wanted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N8. All in all, was the care and treatment you received in the hospital satisfactory ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N9. Would you recommend this hospital to your family or a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N10. Do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now that you are leaving the hospital ...

Please indicate how much YOU PERSONALLY agree or disagree with each of the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
N11. I clearly understand the purpose for taking each of my medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N12. The hospital staff took my preferences and those of my family or helpers at home into account in deciding what my health care needs would be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N13. I have a good understanding of the things I am responsible for in managing my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N14. In general, considering your condition and your hospital experience, how would you describe your own health at the moment? ¹⁴

- Very good
- Good
- Fair
- Poor
- Very poor

N15. When you are leaving the hospital, will you [tick one]

- Go **home**,
- Be **transferred** to another institution to manage your **medical condition**
- Be **transferred** to another institution to take care of you **nursing needs**

N16. How long did you stay in the hospital?

[_____] number of days

N17. Which of these **best describes you?**

- I am living with my life partner and or children
- I am living with other people
- I am living alone
- I am living in a nursing home
- other living arrangement

As health care is very complex, it can sometimes put patients at risk. Below we would like to know **whether you experienced** any like this.

N18. Do you feel that you have **experienced** harm* (*including for example an infection, a mistake in diagnosis, a surgical or medication error or other) as a result of your hospital stay?

- NO** [in this case go to the next question following the arrow:
- YES** [then please continue with the question below:

N19. When did you experience the harm for the first time?

- I found out about it myself
- The doctor/the staff found out about it
- My relatives/friends found out about it
- Others found out about it

N20. In case you experienced harm, on the overall how do you think the staff handled the error, after it was admitted/recognised?

- Really well,
- Well,
- Neither good nor bad
- Bad or
- Really bad.

N21. Are you **female** or are you **male** [tick one option]

N22. In which **year were you born?** : 19□□

N23. Which **best** describes your **education?**

- no education
- primary education
- secondary education
- further education beyond school
- university level education

N24. Did anyone help you to fill in this questionnaire [tick one option]

- No, I filled it in by myself
- Yes, a family member, friend or caregiver helped my
- A nurse helped me
- A doctor helped me
- Someone else helped me

**Thank you very much for your responses to help us learn from
your experience!**