

Dear Patient:

Please help us find out how well we communicate with patients at **{ORG NAME HERE}.** This survey will take less than 10 minutes.

Please do not write your name on the survey. Your answers to these questions cannot be matched with your name. Your answers to these questions will not change how you are treated.

Instructions:

- 1. Please, fill out this survey.
- 2. Place the survey in the envelope and seal it.
- 3. Put the sealed envelope in any U.S. Postal Service collection box, or hand it in at the reception desk.

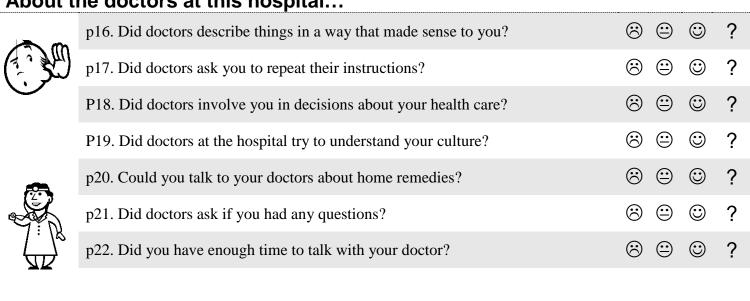
Your answers to these questions are very important. But, you do not have to fill out this survey if you do not want to.

Thank you for your help.

Check this box <u>if</u> a staff person helps you fill out the survey □

About th	About this hospital p1. How many times have you visited the hospital in the last 6 months?→		Sometimes	Always	Not Sure
	p2. Could you find your way around the hospital?	8	<u>:</u>	\odot	?
	p3. Could you understand the hospital's signs and maps?	8	<u></u>	\odot	?
	p4. Did hospital staff help you find community resources?	8	<u></u>	\odot	?
	p5. Could you understand the people at the front desk?	8	<u></u>	\odot	?
	p6. Was it easy to ask questions at the hospital?	8	<u></u>	\odot	?
FORM	p7. Were the hospital's forms easy for you to fill out?	8	<u></u>	\odot	?
	p8. Did hospital staff offer to help you fill out the forms?	8	<u></u>	\odot	?
	p9. Did you understand the hospital's informed consent forms?	8	<u></u>	\odot	?
	p10. Was information in the waiting areas helpful?	8	<u></u>	\odot	?
	p11. Did you take educational materials home from the hospital?	8	<u></u>	\odot	?
	p12. Did the educational materials meet your needs?	8	<u></u>	\odot	?
	p13. Were the educational materials easy to understand?	8	<u></u>	\odot	?
	p14. Did doctors pay attention to what you said?			\odot	?
	p15. Did doctors treat what you said as important?	8	<u></u>	\odot	?

About the doctors at this hospital...



hen le	eaving the hospital	Never	Sometimes	Always	Not Sure
	p23. Did you know your main health problem?	8	<u></u>	\odot	?
V.	p24. Did you understand your doctor's instructions?	8	<u></u>	\odot	?
I N	p25. Did you know how to take your medicine?	8	<u></u>	\odot	?
	p26. Was it easy to reach someone on the phone if you had a question?	8	<u></u>	\odot	•
	p27. Did you understand what hospital staff told you over the phone?	8	<u></u>	\odot	?
ر	P28. Did you know whom to call if you wanted to complain?	8	<u></u>	\odot	?
erall.					
<u> </u>	P29. Do you feel welcome at the hospital?	8	<u></u>	<u></u>	?
	p30. Are you happy with the care you get at the hospital?	8	<u></u>	\odot	7
	p31. Does the hospital communicate well with patients?	8	<u></u>	\odot	:
	p32. Does the hospital serve your community well?	8	<u></u>	\odot	?
	p33. Do hospital staff come from your community?	8		\odot	?
	p34. Would you bring a family member to this hospital?	8	<u></u>	©	7
			0	es	0,10
Iking about some specific issues		2	>		
	p35. Has a hospital staff member asked you if there are foods you do not eat?				?
	p36. Were you allowed to have a friend/family member stay with you if you wanted				?
	p37. Has a hospital staff member talked to you about "advance care planning" (what to do if you are not able to make medical decisions)?	t			?
	P38. Has a hospital staff member asked you who would make your medical decision if you are not able to?	ns			•

P39. How old are you?			
p40. Are you: Male Female	p41. Did a hos ethnicity? Yes No	pital staff member ask	your race and
12. What is the highest grade you finished in school? (ci	· · · · · · · · · · · · · · · · · · ·	13 14 15 College	16 17+ Graduate
43. Do you consider yourself: (You may check more than one) (A) Hispanic or Latino/a (country:)(AA) (B) American Indian or Alaska Native (C) Asian (country:)(CC) (D) Black or African American (E) African (country:)(EE) (F) White (G) Native Hawaiian or Pacific Islander (O) Other:(OO) P45. How can the hospital communicate better with your contents of the property	☐ Englis ☐ Spanis ☐ Chine ☐ Hmon ☐ Polish ☐ Portus ☐ Vietna ☐ Other	sh se g g guese	
If you prefer to talk to your o			one.

If you prefer to talk to your doctor in a language <u>other than English</u>, please answer a few more questions on the next page.

				8	Yes		Not Sure	
P46.	Has someone from the hospital asked you what language you speak?						?	
P47.	Do you need an interpreter when you visit the hospital?]	?	
P48.	Do you prefer to have a family member or friend interpret for you at the hospital?]	?	
P49.	Has someone from the hospital asked if you need an interpreter?]	?	
p50.	Does the hospital charge patients for using interpreters?]	?	
In th	e last <u>6 months</u>			Never	Sometimes	Always	Not Sure	
p51. Were forms written in your language?					<u>:</u>	\odot	?	
p52. Was it is easy to get an interpreter at the hospital?				\odot	\odot	\odot	?	
p53. Did the hospital's interpreters understand everything you said?				8	\odot	\odot	?	
p54. Were you happy with the hospital's interpreters?					\odot	\odot	?	
C	Tho usually interprets for you at the hospital? You may check more than one)	Bilingual staff member Trained medical interpreter Interpreter over the phone Adult friend or family member My child (under age 18)	(A) (B) (C) (D) (E)					
P56. How long do you usually wait for an interpreter? (minutes)								

Thank you for helping us with this survey!