



The Hospital Experience: Some Questions for You as a Family Caregiver

_____ is working on an important project to improve how we work with family caregivers. As part of that project, we are asking you to fill out this survey because you were closely involved in your family member's care during a recent stay at the hospital. Your answers will help us improve our procedures when a patient is moved from the hospital to another setting.

This survey focuses on you, not on your relative or friend who was hospitalized. There are no right or wrong answers. Please select the answer that best describes your overall experience. If the question does not apply to your experience or you don't know the answer, just circle or click "Don't know" or "not relevant." There is room at the end of each section for you to add any general comments or to explain any of your answers. *The survey will take about 10 minutes to complete.*

You do not have to give your name or any identifying information. Nothing you report will affect your family member's medical care or future hospitalization.

This survey was designed by the United Hospital Fund, a nonprofit research and health policy organization, as part of its *Next Step in Care* campaign. You can find out more at www.nextstepincare.org. You will also find tools and guides to help you plan for your family member's transition from one health care setting to another. For example, it has information about what to expect when moving from a hospital to a rehab center or nursing home.

Thank you for completing this survey. Your views are important and will contribute toward improving patient care and family caregiver support.

Caregiver Background

1. I am the patient's (relationship to your family member) (select one of the choices below)

- Spouse/Partner Parent Son/Daughter
 Other Relative Friend Other: _____

2. My family member came to the hospital through (select one of the choices below):

- Emergency Room Planned Admission

3. My family member was in the hospital because:

5. My family member is (age): _____ years old.

Comments:

A. Admission

1. When my family member was admitted to the hospital, I was given:

	Yes	No	Don't know	Not relevant
a) information about my family member's diagnosis and treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) a number to call 24 hours, 7 days a week to get information on his or her condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) an explanation of my role in my family member's care and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) a statement recognizing my importance to my family member's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) a copy of the privacy statement that makes clear that staff members are allowed to provide medical information to me unless my family member objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) information about services and resources I could use while my family member is in the hospital (such as family meetings, overnight stays, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Admission (continued)

2. Within the first few days of my family member's admission, hospital staff:

	Yes	No	Don't know	Not relevant
a) told me how long my family member might stay in the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) explained the hospital's policy about payment and the need to contact the insurance company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

B. My Needs as a Caregiver

3. In making discharge plans, the hospital staff asked about me about:

	Yes	No	Don't know	Not relevant
a) my skills and ability to provide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) my comfort level in doing these tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) my availability at the time care will be needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

C. Preparing for discharge

4. To prepare for my family member to leave the hospital, the staff made sure that I was:

	Yes	No	Don't know	Not relevant
a) told well in advance the day and time when the my family member would leave the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) given enough time to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) given written information about my family member's rights related to discharge, including the appeal process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) given information about all available care options, such as home care, adult day care services, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) told about insurance coverage of the different care options once my family member is discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) told about services and equipment needed at home (transportation, hospital beds, walkers, etc.) and how to get them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) told about places I could call for support for myself, such as caregiver support groups, respite care, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If my family member was referred to home care, the hospital staff told me there will be a gap between the when he/she leaves the hospital and the start of home care services:

	Yes	No	Don't know	Not relevant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

D. Communication

6. To help me understand instructions, I was able to get:

	Yes	No	Don't know	Not relevant
a) medical information that I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) printed materials in my language, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) a professional interpreter (e.g. someone who speaks my language), if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

E. Training

7. The hospital staff taught me how to:

	Yes	No	Don't know	Not relevant
a) give the right medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) watch for and report changes in my family member's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) operate medical equipment, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) understand what my family member should eat and how much exercise he or she should get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) recognize an emergency or change in condition that requires action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

F. When My Family Member was Leaving the Hospital

8. At discharge, the hospital staff gave me:

	Yes	No	Don't know	Not relevant
a) instructions about diet, activity, and symptom management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) the name and telephone number of a person to contact for any questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) a list of medications my family member uses, with dosages information and instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) information about paying for medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) information about when to schedule doctor visit(s) and what to bring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Before my family member was transferred with a referral to home care or a new facility, the hospital staff gave me information about the agency or facility so I could speak with their staff:

	Yes	No	Don't know	Not relevant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

G. Follow-up

10. A hospital staff member called me to see if I had any questions or concerns:

	Yes	No	Don't know	Not relevant
a) within a day or so after my family member was discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) within two weeks after discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) no one ever called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Satisfaction

11. Overall, I was satisfied with the preparation I received from hospital staff during and following my family member's hospital stay.

	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	Don't know/not relevant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Based on my experience I would recommend this hospital to others.

	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	Don't know/not relevant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

H. Satisfaction (continued)

13. In what ways did the hospital staff support you as a caregiver throughout your family member's hospitalization and in preparation for discharge?

14. What could hospital staff have done to better support you as a caregiver throughout your family member's hospitalization and in preparation for discharge?