



## Enhancing Safety for Patients with Limited English Proficiency

### Patient Outcomes Survey<sup>1</sup>

#### SCREENING QUESTION

What is your preferred language?

- English → If English, end questions
- [Insert language 2]
- [Insert language 3]
- [Insert language 4]
- Other

1. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

2. How well do you understand English?

- Very well
- Well
- Not well
- Not at all

→ If 1. and 2.=very well, end questions

3. During this hospital stay, how often did hospital staff speak to you in your preferred language?

- Never
- Sometimes
- Usually
- Always

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<sup>1</sup> This survey instrument is based on a new HCAHPS supplemental item set that was under development as of September 2012. If you will be implementing a patient outcomes survey, please check the CAHPS website at [www.ahrq.gov](http://www.ahrq.gov).



**4. During this hospital stay, how often did hospital staff explain things in a way you could understand?**

- <sup>1</sup>  Never
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always

**➔ If 3. and 4.=Always, go to Question 11**

**5. An interpreter is someone who helps you talk with others who do not speak your language. Interpreters can include hospital staff or telephone interpreters. During this hospital stay, was there any time when you needed an interpreter?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No

**6. During this hospital stay, did hospital staff let you know that an interpreter was available free of charge?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No

**7. During this hospital stay, how often did you use an interpreter provided by the hospital to help you talk with hospital staff?**

- <sup>1</sup>  Never
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always

**8. During this hospital stay, did you use a child younger than 18 to help you talk with hospital staff?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No

**9. During this hospital stay, how often did you use a friend or family member as an interpreter when you talked with hospital staff?**

- <sup>1</sup>  Never → **If Never, Go to Question 11**
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always



**10. During this hospital stay, did you use friends or family members as interpreters because that was what you preferred?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**11. During this hospital stay, did hospital staff tell you how to take care of yourself at home?**

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, Go to Question 16**

**12. Was this information easy to understand?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**13. During this hospital stay, did you get instructions in writing about how to take care of yourself at home?**

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, Go to Question 17**

**14. Were the written instructions easy to understand?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**15. Did you need instructions in a language other than English?**

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, Go to Question 17**

**16. Were the instructions available in your preferred language?**

- <sup>1</sup> Yes
- <sup>2</sup> No



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### OVERALL RATING OF HOSPITAL

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Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stays in your answer.

**17. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?**

- |    |                          |    |                         |
|----|--------------------------|----|-------------------------|
| 0  | <input type="checkbox"/> | 0  | Worst hospital possible |
| 1  | <input type="checkbox"/> | 1  |                         |
| 2  | <input type="checkbox"/> | 2  |                         |
| 3  | <input type="checkbox"/> | 3  |                         |
| 4  | <input type="checkbox"/> | 4  |                         |
| 5  | <input type="checkbox"/> | 5  |                         |
| 6  | <input type="checkbox"/> | 6  |                         |
| 7  | <input type="checkbox"/> | 7  |                         |
| 8  | <input type="checkbox"/> | 8  |                         |
| 9  | <input type="checkbox"/> | 9  |                         |
| 10 | <input type="checkbox"/> | 10 | Best hospital possible  |

**18. Would you recommend this hospital to your friends and family?**

- Definitely no
- Probably no
- Probably yes
- Definitely yes