

**Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child
Version (Child HCAHPS)**

Detailed Measure Specifications

Center of Excellence for Pediatric Quality Measurement

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Fielding the CAHPS Hospital Survey– Child Version (Child HCAHPS®)

Sampling Guidelines and Protocols

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Sampling Guidelines and Protocols

Introduction

This document explains how to field the Consumer Assessment of Healthcare Providers and Systems Hospital Survey - Child Version (Child HCAHPS) and gather the data needed for analysis and reporting. You will find instructions and recommendations related to the following topics:

- Overview of Child HCAHPS development
- Constructing the sampling frame and choosing the sample
- Collecting the data
- Tracking returned surveys
- Cleaning the data
- Calculating the response rate
- Producing hospital scores

Table 1: Summary of Key Requirements for Administering Child HCAHPS

Data Collection	
Administration	To generate the standardized data necessary for valid comparisons, it is recommended that the survey be conducted by a third-party survey vendor according to the CAHPS guidelines specified in this document.
Collection mode	Mail-only, telephone-only, or mixed mode protocols are recommended.
Sample size	To produce statistically valid comparisons, the sample needs to be large enough to yield 300 completed surveys per hospital.
Completion criteria	A survey is complete if it has responses for 50% or more of the key items; see <i>Determining Whether a Survey Is Complete (Appendix A)</i> for more information.
Data Analysis	
Case-mix	Scores are recommended to be adjusted for child age and global health status, and respondent age, relationship to child, education, and preferred language.

Overview of Child HCAHPS Development

We have developed the Child HCAHPS survey to measure parent or caregiver (henceforth referred to as parent) experiences of their child’s inpatient care. Our development process has included an extensive review of the literature and other quality measures, expert interviews, parent and adolescent focus groups, cognitive testing, pilot testing of the draft survey, a national field test of the survey, psychometric analysis and composite development, and end-user testing of the final survey. We have followed CAHPS design principles throughout.

We began by reviewing over 1,300 abstracts and articles related to inpatient experience of care

and by talking with experts in the field. The Agency for Healthcare Research and Quality (AHRQ) submitted a Federal Register Notice (FRN) to solicit public comments for us on potential items and domains for the measure. Based on our findings from the literature review, expert interviews, and public comments from the FRN, we developed protocols for parent and adolescent focus groups to ask about experiences with pediatric inpatient care. We conducted focus groups in Boston, Los Angeles, and St. Louis in English and Spanish with parents of recently hospitalized children and with recently hospitalized adolescents.

From this formative work, we drafted an initial survey. We conducted 109 in-depth cognitive interviews in Boston, Los Angeles, Miami, and St. Louis in English and Spanish throughout the development process. Our aim was to test whether the survey items were consistently understood and to identify confusing or problematic wording. Based on the cognitive interviews, we revised the survey and then conducted a pilot test of the draft survey by mail in English and Spanish in 8 hospitals across the country. We received 2,092 surveys and examined item non-response, inter-item correlation, and response variation. We administered 60 surveys by phone and then performed behavioral coding and analyzed audio recordings to identify problematic items. After further survey revisions and additional cognitive interviews, we conducted a national field test of our survey. We fielded our survey in both English and Spanish and either by mail or phone and received a total of 13,758 returned surveys; see ***Child and Respondent Descriptive Characteristics (Appendix B)***. We used the national field test data for psychometric testing, composite development, case-mix adjustment, and non-response analysis. We conducted end-user testing of our composites to ensure understandability of composite groupings and labels.

Sampling Guidelines

Defining the Sample Frame: Eligibility Guidelines

Child HCAHPS is broadly intended for pediatric patients with all payer types who meet the following criteria:

- Child under 18 years old
- Admission includes at least one overnight stay in the hospital
 - An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient would be considered to have had an overnight stay if he or she was admitted at 11:00 PM on Day 1 and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients admitted for a short period of time solely for observation; patients admitted for same-day diagnostic tests as part of outpatient care).
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge

A two-step process is used for determining whether a discharged patient can be included in the Child HCAHPS sample frame. The first stage is to determine whether the discharged patient meets the Child HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria, Exclusions from Child HCAHPS, is applied.

Exclusions from Child HCAHPS

Patients who meet the eligible population criteria outlined above are generally included in the Child HCAHPS sample frame. However, a few categories of otherwise eligible patients are excluded from the sample frame. These are:

- “No-publicity” patients – Patients who request that they not be contacted
- Court/law enforcement patients (i.e., prisoners); this category does not include patients residing in halfway houses
- Patients with a foreign home address (the U.S. territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands—are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (hospice-home or hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients who are wards of the state
- Healthy newborns
- Patients admitted for obstetric care
- Observation patients
- Patients discharged to skilled nursing facilities

“*No-publicity*” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a hospital or survey vendor to not contact them (“Do Not Call List”).

Court/law enforcement patients (i.e., prisoners) are excluded because of the logistical difficulties in administering the survey in a timely manner and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/law enforcement” or patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement.” This exclusion does not include patients residing in halfway houses.

Patients with a *foreign home address* are excluded because of the logistical difficulty and added expense of calling or mailing outside of the United States. (The U.S. territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands—are not considered foreign addresses and are not excluded.)

Patients *discharged to hospice care* are excluded because of the greater likelihood that they will die before the survey process can be completed. Patients with a discharge status code (UB-04 field location 17) of “50 – Hospice – home” or “51 – Hospice – medical facility” should not be included in the sample frame.

Some *state regulations* place further restrictions on which patients may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable laws or regulations and to exclude those patients as required in the state in which the hospital operates.

Patients who are *wards of the state* are excluded because they do not have parents to assess their experiences in the hospital.

Healthy newborns are excluded because their care may be closely associated with a mother’s obstetric care and thus may not reflect a pediatric hospital’s quality of care. Healthy newborns are identified based on administrative billing codes; see **Codes to Identify Healthy Newborns for Exclusion (Appendix C)**.

Patients admitted for obstetric care are excluded because care related to pregnancy does not generally fall within the purview of pediatric providers.

Observation patients are excluded because their hospital stay is generally short and does not meet the criteria for an inpatient stay.

Patients *discharged to skilled nursing facilities* are excluded because of concerns that parents would not be able to adequately distinguish the care received at the two facilities and also might be more difficult to locate. Patients with a discharge status code (UB-04 field location 17) of “03 – Skilled Nursing Facility,” “61 – SNF Swing bed within Hospital,” or “64 – Certified Medicaid Nursing Facility” should not be included in the sample frame.

*Note: Patients should be included in the Child HCAHPS sample frame unless the hospital/survey vendor has positive evidence that they are ineligible or fall within an excluded category. If information is missing on **any** variable that affects survey eligibility when the sample frame is constructed, the patient should not be excluded in the sample frame because of that variable.*

De-Duplication

To reduce respondent burden, the hospital/survey vendor should de-duplicate eligible patients based on household and multiple discharges within the same calendar month. De-duplication should be performed within each calendar month, using address information (or the telephone number for Telephone-Only mode) and the patient’s medical record number (or other unique identifier). The de-duplication process covers the following two areas:

- De-duplication by household:
 - Only one child member per household should be included in the Child HCAHPS sample frame for a given month.
 - For de-duplication purposes, halfway houses and health care facilities are not considered to be a household and thus should not be used for de-duplication. Examples of health care facilities include long-term care facilities, assisted living facilities, and group homes.
 - Only one member per household should be sent a survey for a given month. Institutions that are conducting multiple surveys should have processes in place to ensure that only one survey is sent to a household for a given month.
- De-duplication for multiple discharges:
 - While patients are eligible to be included in the Child HCAHPS sample in consecutive months, if a patient is discharged more than once within a given calendar month, only one discharge date is included in the sample frame. The method used for de-duplicating depends on whether sampling is conducted continuously throughout the month or is conducted only at the end of the month.
 - If continuous daily sampling is used, include only the first discharge date identified in the sample frame. Because the sampling frame is created daily, subsequent discharges cannot be known at the time the daily sample is drawn. Each daily discharge list should be compared to the previous discharge lists for the month in order to exclude additional discharges for a particular patient.
 - If weekly sampling is used, the first discharge encountered should be included in the sample frame, and discharges encountered in subsequent weeks should be excluded. In the event a patient is listed with two

discharges in the same week (provided the patient had not been included in the sample frame in an earlier week within the same month), then include only the last discharge date during the week in the sample frame. Each weekly discharge list should be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient.

- If end-of-the-month sampling is used, include only the last discharge date of the month in the sample frame.

Sample Frame Creation

Hospitals/survey vendors participating in Child HCAHPS are responsible for generating complete, accurate, and valid sample frame data files for each month that contain all administrative information on all patients who meet the eligible population criteria. See **Administrative Items (Appendix D)**.

- It is recommended that hospitals contracting with a CAHPS-approved survey vendor submit the hospital’s entire patient discharge list to the vendor, excluding no-publicity patients and patients excluded because of state regulations.
- If a hospital excludes any patients from the discharge list provided to the hospital’s survey vendor, the hospital should also submit to the vendor a count of total ineligible and excluded patients and a count of patients by each exclusion category.

Hospitals/survey vendors use the information derived from the sample frame to administer the survey. **Prior to generating the Child HCAHPS sample frame, hospitals/survey vendors should apply eligibility criteria, remove exclusions, and perform de-duplication.** The following guidelines should be followed when creating the sample frame:

- Patients whose eligibility status is uncertain should be included in the sample frame.
- The sample frame for a particular month should include all eligible hospital discharges between the first and last days of the month (e.g., for January, any qualifying discharges between and including the 1st and 31st).
- The patient address included in the sample frame is the address in the medical record.
- Patients with missing or incomplete addresses and/or telephone numbers should not be removed from the sample frame. Instead, every attempt should be made to find the correct address and/or telephone number. If the necessary contact information is not found, the “Final Survey Status” should be coded as “9 – Bad address” or as “10 – Bad/no telephone number”.

The parent who spent the most time with the patient should be the one receiving the survey. This may not be the parent who is listed in the hospital system (e.g., the child may reside in more than one household).

After applying the above steps, the data elements in Table 2 below should be included in the sample frame that a hospital provides to the survey vendor.

Table 2: Sample Frame Elements

Unique ID
Hospital name
Facility state
Population size
Sample size

Sample type
Patient ID
Discharge status
Admit source
Family preferred language
Patient date of birth
Patient sex
Patient name
Parent name
Parent address
Parent telephone number
Admission date
Discharge date

Preparing Sample Files for Data Collection

Once the sample has been selected, the hospital/survey vendor assigns a unique identification (ID) number to each sampled person. This unique ID number should **not** be based on an existing identifier, such as a Social Security Number or a patient ID number. This number will be used **only** to track the respondents during data collection.

The data elements that are most critical to the success of data collection are accurate and complete patient, parent, and hospital names and contact information appropriate for the mode of administration (i.e., addresses for mail surveys and telephone numbers for telephone administration). When address information is incomplete or there is reason to believe it may be inaccurate, sponsors and/or survey vendors may be able to use other sources, such as CD-ROM directories, Internet sources, or directory assistance, to clean the sample file.

Sampling Procedure

The basic sampling procedure for Child HCAHPS entails drawing a random sample of all eligible discharges from a hospital on a monthly basis. Sampling may be conducted either continuously throughout the month or at the end of the month, as long as a random sample is generated for the entire month. If the hospital/survey vendor chooses to sample continuously, each sample should be drawn using the same sampling ratio (for instance, 25 percent of eligible discharges or every fourth eligible discharge) and the same sampling timeframe (for instance, every 24 hours, 48 hours, week, etc.) throughout the month. For details on random sampling methods, see ***Methods of Sampling*** below.

Three hundred completed surveys per 12-month reporting period are required to achieve the desired statistical precision of survey results. See ***Rationale for Recommended Number of Completed Surveys (Appendix E)***. This number was determined using a reliability criterion. Hospital-level unit reliability reflects item or composite variation **between** or among hospitals relative to random variation in the mean response **within** hospitals. The minimum of 300 responses per hospital was calculated based on a goal that most composite and single-item measures have a reliability $\geq .7$, which is a standard target reliability, taking into account the rate at which each item was completed. In addition, 300 responses per hospital is the minimum number that CMS requires for publicly reporting and comparing Adult HCAHPS results based on the hospital-level unit reliabilities of the Adult HCAHPS composites. For additional information

on the unit reliabilities for composites and single items, see **Section VI: Scientific Soundness of the Measure**.

Consistent Monthly Sampling

For ease of sampling, hospitals/survey vendors should sample an approximately equal number of discharges each month unless adjustments are required. For example, if there is quarterly reporting, changes can be made only at the start of the quarter, not during the quarter.

Hospitals/survey vendors have the option to allocate the yearly sample proportionately to each month according to the expected proportional distribution of total eligible discharges over the four rolling quarters (12-month reporting period).

Final Survey Sample

The final sample drawn each month should reflect a **random** sample of patients from the survey sample frame. Some small hospitals may not be able to obtain at least 300 completed surveys in a 12-month reporting period. In such cases, hospitals should sample **all** eligible discharges (that is, conduct a census) and attempt to obtain as many completed surveys as possible.

Methods of Sampling

Sampling for Child HCAHPS is based on the eligible discharges (Child HCAHPS sample frame) for a calendar **month**. If every eligible discharge for a given month has the same probability of being sampled, this constitutes an **equiprobable** approach.

There are three options for sampling patients for Child HCAHPS: Simple Random Sampling (SRS), Proportionate Stratified Random Sampling (PSRS), and Disproportionate Stratified Random Sampling (DSRS). In stratified sampling, eligible discharges are divided into non-overlapping subgroups, referred to as **strata**, before sampling.

- **Simple Random Sampling (SRS)** is the most basic sampling approach; patients are randomly selected from all eligible discharges for a month. Strata are not used, and each patient has equal opportunity of being selected into the sample, making SRS equiprobable.
- **Proportionate Stratified Random Sampling (PSRS)** uses strata definitions and random sample selection from all strata at equal rates. Since the sampling rates of the strata are equal (sample sizes from each stratum are proportionate to the stratum's size). PSRS is also considered equiprobable.
- **Disproportionate Stratified Random Sampling (DSRS)** involves sampling within strata at different rates; DSRS therefore requires information about the strata and must be weighted appropriately. By definition, DSRS is not an equiprobable approach as it allows for differing sampling rates across strata.

Below we present additional detail on these three options.

Simple Random Sampling (SRS)

SRS is the most basic sampling technique. Here, a group of patients (a sample) is randomly selected from a larger group of eligible patients. Each patient is chosen entirely by chance, and each eligible patient has an equal chance of being included in the sample, making SRS equiprobable. For Child HCAHPS, a census sample is also considered to be a simple random sample.

Stratified Random Sampling, Proportionate or Disproportionate (PSRS or DSRS)

In stratified random sampling, the entire population is divided into non-overlapping subgroups, or strata, prior to a random sample being drawn. Commonly used definitions for strata include

time period (daily, weekly, or bi-weekly), hospital unit, or hospital campus (for multiple hospital locations sharing a CMS Certification Number [CCN]). It is required that all eligible monthly discharges be contained in exactly one of the chosen strata. That is, there should not be any eligible discharges in multiple strata. For Child HCAHPS, there are two methods for stratified random sampling:

- **PSRS** – Each subgroup (stratum) has the same sampling ratio. That is, the percentage of eligible discharges sampled is the same across all strata.
 - In PSRS, as in SRS, each eligible patient has the same probability of being selected for inclusion in the monthly sample, making PSRS equiprobable.
- **DSRS** – Sampling ratios differ for at least two subgroups (strata). With DSRS, the percentage of eligible discharges sampled is not the same across all strata.
 - In contrast with SRS and PSRS, in DSRS all eligible discharges do not have an equal chance of being selected for inclusion in the monthly sample; DSRS is therefore not equiprobable. The use of DSRS requires weights for valid inference, so use of DSRS is recommended only for hospitals that are able to calculate the appropriate sampling weights.

Recommendations for PSRS

In order for sampling to be proportionate, the same sampling ratio (or proportion or percentage) should be applied regardless of the number of eligible discharges in each defined stratum. In addition, the same strata names and definitions should be used for each month throughout the quarter.

The following are examples of situations that warrant the use of PSRS:

- The monthly sample is drawn at different scheduled times (e.g., each week) throughout the month. The same percentage of discharges is sampled each week.
- Distinct units within a hospital (wards, floors, etc.) are sampled separately. The same percentage of discharges is sampled in each unit.
- Multiple hospitals share the same CCN, and the random sample is drawn separately from each hospital before all of the hospitals' data are combined. (Note that hospitals that share a CCN should obtain a combined total of at least 300 completes per reporting period.) The same percentage of patients is drawn for each hospital per month.

Recommendations for DSRS

DSRS occurs when dissimilar sampling ratios are used to draw samples from different strata. If the hospital/survey vendor elects to use DSRS, weights are required for valid inference, so use of DSRS is recommended only for hospitals that are able to calculate the appropriate sampling weights. One reason a hospital might use DSRS would be if a hospital decided to oversample a subgroup of patients.

Whether using SRS or stratified random sampling (PSRS or DSRS), caution should be exercised. For example, if strata (PSRS or DSRS) are defined as time periods, the sampling process should account for months that begin or end in the middle of a week.

Calculating the Sample Size

The sample size goal for the survey should account for several factors:

- The anticipated response rate
- The accuracy of contact information
- The mode or modes of data collection

- Any prior surveys of the same or similar populations
- The number of individuals who may be identified as ineligible

Sample Size Calculation: Hospitals

As discussed previously, to have a sufficient number of responses for analysis and reporting, enough surveys should be administered to obtain at least 300 completed surveys per hospital. Because response rates will vary among hospitals and cannot be predicted with complete certainty, a conservative approach of aiming for slightly more than 300 completed surveys is recommended. The example in Table 3 below shows the sample size calculation for a goal of 325 surveys for a hospital that has a response rate of 30 percent.

Table 3: Calculation of Estimated Sample Size Needed to Assess Hospitals

Goal	325 completed surveys annually
Target response rate	30 percent (= 0.30)
Minimum annual sample size	$(325/0.30) = 1085$ per hospital
Minimum monthly sample size	$1085/12 = 91$ per month

Data Collection Modes

Recommended Modes

Based on field test results, the CAHPS Consortium recommends the following modes:

- Mail-Only
- Telephone-Only
- Mixed (mail and telephone)

Results from CAHPS field tests, as well as the experiences of organizations that have fielded CAHPS surveys, indicate that the mail with telephone follow-up method is most effective: results from survey research literature indicate that follow-up by telephone often adds 10 to 15 percentage points to the response rate.

Data Collection Protocols

The survey can be administered using one of three protocols: mail-only, telephone-only, or mixed mode. Mail and telephone protocols are described below. Each protocol can be implemented alone. Alternatively, the mixed-mode protocol combines the mail and telephone protocols: the survey is first provided by mail, but if the parent does not respond within 21 calendar days, the telephone protocol can then be initiated.

Mail Protocol

This section lists the basic steps for administering the survey by mail and offers advice for making this process as effective as possible.

- **Set up a toll-free number and include it in all correspondence with prospective respondents.** Assign a trained project staff member to respond to questions on the line. Maintain a log of these calls and review them periodically.
- **Mail the survey to prospective respondents with a cover letter and a postage-paid envelope.** A well-written, persuasive letter authored by a recognizable organization will increase the likelihood that the recipient will complete and return the survey by the

stated deadline. The cover letter should include instructions for completing and returning the survey. For an example, see ***Child HCAHPS Mail Survey Materials – English (Appendix F)*** and ***Child HCAHPS Mail Survey Materials – Spanish (Appendix G)***.

- **Tips for the cover letter:**
 - Tailor the letter to include language that explains the purpose of the survey, the voluntary nature of participation, and the confidentiality of responses.
 - Note that a refusal to participate will not affect an individual's health care.
 - Personalize the letter with the name and address of the intended recipient.
 - Have the letter signed by a representative of the sponsoring organization.
 - Spend some time on the letter, checking it for brevity and clarity and ensuring that there are no grammatical or typographical errors.
- **Tips for the outside envelope:**
 - Make the envelope look “official” but not too bureaucratic; it should not look like junk mail.
 - Place a **recognizable** sponsor's name—such as the name of a government agency, where applicable—above the return address.
 - Mark the envelopes “change service requested” in order to update records for respondents who have moved and to increase the likelihood that the survey packet will reach the intended respondent.
- **Send a second survey with a reminder letter and a postage-paid envelope to those who have not responded by three weeks after the first mailing. For an example, see *Child HCAHPS Mail Survey Materials – English (Appendix F)* and *Child HCAHPS Mail Survey Materials – Spanish (Appendix G)*.**

Telephone Protocol

Child HCAHPS must be modified for telephone administration. See the ***Child HCAHPS Telephone Survey Materials (Appendix H)*** for an example.

When administering the survey by telephone, a hospital/survey vendor can use either a computer-assisted telephone interviewing (CATI) script or a paper-and-pencil method.

Tips for collecting data via telephone:

- **Check telephone numbers.** Check the telephone numbers of sample respondents for partial or unlikely telephone numbers. All survey vendors should have standard automated procedures for checking and updating telephone numbers before beginning data collection. After extensive tracking, some prospective respondents may remain for whom a working telephone number is not available or for whom only an address is available. Delivery of a package containing the survey by an overnight service, such as a Priority Mail or Federal Express, can be an effective method of drawing attention to the need to complete the survey.
- **Train the interviewers before they begin interviewing.** The interviewer should be trained to avoid biasing survey responses or otherwise affecting the survey results.
- **Attempt to contact each prospective respondent at least five times.** The survey vendor should make at least five attempts to reach prospective respondents unless they explicitly refuse to complete the survey. These attempts should be on different days of the week (both weekdays and weekends), at different times of the day, and in different weeks.

Survey Timing

Sampled patients should be surveyed between 48 hours and six weeks (42 calendar days) after discharge, regardless of the mode of survey administration. Distributing surveys to patients before they are discharged is not recommended. Data collection for sampled patients should be concluded no later than six weeks (42 calendar days) after the date the first survey is mailed (Mail-Only and Mixed modes) or six weeks (42 calendar days) after the first telephone attempt (Telephone-Only).

Mail-Only Survey Administration

The basic tasks and timing for conducting Child HCAHPS using the Mail-Only mode of survey administration are summarized below.

- Send first survey with initial cover letter to one parent of each sampled patient between 48 hours and six weeks (42 calendar days) after discharge.
- Send second survey with follow-up cover letter to non-respondents approximately 21 calendar days after the first survey mailing.
- Complete data collection within six weeks (42 calendar days) of the first survey mailing.

Telephone-Only Survey Administration

The basic tasks and timing for conducting Child HCAHPS using the Telephone-Only mode of survey administration are summarized below.

- Initiate systematic telephone contact with one parent of each sampled patient between 48 hours and six weeks (42 calendar days) after discharge.
- Complete telephone sequence so that a total of five telephone calls are attempted at different times of the day, on different days of the week, and in different weeks within the six weeks (42 calendar days) after initiation of the survey (initial contact). The five telephone call attempts should span more than one week (eight or more days) to account for parents who are temporarily unavailable. If it is known that the parents may be available in the latter part of the 42-calendar-day data collection time period (e.g., parent is on vacation during the first two or three weeks of the 42-calendar-day data collection time period but could be reached closer to the end of the data collection time period), then hospitals/survey vendors should use the entire data collection time period to attempt telephone calls.

Mixed-Mode Survey Administration

The basic tasks and timing for conducting Child HCAHPS using the Mixed mode of survey administration are summarized below.

- Send mail survey with cover letter to one parent of each sampled patient between 48 hours and six weeks (42 calendar days) after discharge.
- Initiate systematic telephone contact for all non-respondents approximately 21 calendar days after mailing the survey.
- Over the next 21 calendar days, five telephone calls should be attempted at different times of the day, on different days of the week, and in different weeks. The five telephone call attempts should span more than one week (eight or more days) to account for parents who are temporarily unavailable. If it is known that the parent may be available in the latter part of the 21-calendar-day telephone component data collection time period (e.g., the parent is on vacation during the first two weeks of the 21-calendar-day data telephone component collection time period but could be reached closer to the end of the data collection time period), then hospitals/survey vendors should use the entire data collection time period to attempt telephone calls.

Tracking Returned Surveys

Most survey vendors have established methods for tracking the sample. A system should also be set up to track returned surveys by the unique ID number that is assigned to each prospective respondent in the sample. This ID number should be placed on every survey that is mailed and/or on the call record of each telephone case.

To maintain respondent confidentiality, the response tracking system should not contain any of the survey responses. The survey responses should be entered in a separate data file linked to the sample file by the unique ID number. (This system will generate the weekly progress reports that hospitals and survey vendors should review closely.)

Each prospective respondent in the response tracking system should be assigned a survey result code that indicates whether he or she completed and returned the survey, completed the telephone interview, was ineligible to participate in the study, could not be located, is deceased, or refused to respond. See **Survey Status Codes (Appendix I)** for additional information on survey status codes and **Codebook (Appendix J)** for additional information on creating data files. The tracking system should also include the date the survey was returned or the telephone interview completed. Typically, survey status codes are either interim (indicating the status of each respondent during the data collection period) or final (indicating the final outcome for each respondent at the end of data collection). These result codes are used to calculate response rates as shown in the next section.

Calculating the Response Rate

In its simplest form, the response rate is the total number of completed surveys divided by the total number of individuals sampled. For Child HCAHPS analyses and reports, this rate is adjusted as shown in the following formula:

$$\frac{\text{Number of completed returned surveys}}{\text{Total number of surveys fielded} - \text{Total number of ineligible surveys}}$$

The response rate calculation should include survey recipients who refused to participate, those who could not be reached because of bad addresses or telephone numbers, those who could not complete the survey because of language barriers, those who were ineligible because they were institutionalized, or those who were ineligible because they had a developmental or cognitive disability. Listed below is an explanation of the categories included and excluded in the response rate calculation:

Numerator Inclusions

- **Completed surveys.** A survey is considered complete if responses are available for half of the key survey items. For more information about the key items in Child HCAHPS. See **Survey Items in Domain-Level Composite and Single-Item Measures (Appendix K)**.

Denominator Inclusions

The total number in the denominator should include the following:

- **Refusals.** The individual refused in writing or by phone to participate.
- **Non-response.** The individual is presumed to be eligible but did not complete the

survey for some reason (never responded, was unavailable at the time of the survey, was ill or incapable, had a language barrier, and so on).

- **Bad addresses/telephone numbers.** The individual is presumed to be eligible but was never located.

Denominator Exclusions

- **Deceased.** In some cases, a household or family member may indicate that the sampled patient has died.
- **Ineligible.** The patient did not have an inpatient stay at the participating hospital in the last 6 weeks or the patient met criteria for exclusion (see ***Exclusions from Child HCAHPS***).

For a detailed explanation of the numerator and denominator inclusion and exclusion criteria, see **Section I: Basic Measure Information**.

Data Cleaning Protocols

Basic data cleaning procedures that include identifying out-of-range values, replacing numeric missing values with missing codes, and checking for high missing rates are recommended. In addition, “forward cleaning” of items that could be legitimately skipped also is recommended: if an item was supposed to be skipped due to the response to a gateway question but was not, then replace the response with a missing value. The value of a gateway response should not be changed because a response was present for an item that should have been legitimately skipped. For a more detailed description of the data cleaning approach, see ***Decision Rules and Coding Guidelines (Appendix L)***.

Production of Hospital Scores

The Child HCAHPS survey includes three types of measures: global measures, domain-level composites, and domain-level single items. The production of unadjusted hospital scores for each part and use of adjustments to better ensure the comparability of scores across hospitals are discussed below.

Assign Appropriate Sampling Weight to Each Case

Prior to calculating any of the measures, it may be necessary to calculate sampling weights that are applicable to all of the measures. Some hospitals will sample a constant proportion of patients for each month. In such a case, sampling weights are not needed. In contrast, some hospitals will sample a fixed number of discharges each month to reach the annual target of 300 completed surveys. However, the monthly population of discharges from which these fixed-sized samples are drawn will vary throughout the year because there are more total discharges in some months than others in most hospitals. In such a case, sampling rates will vary from month to month. To make the combined monthly samples representative of the full population of discharges for the year, it is necessary to adjust for the different monthly sampling rates. Appropriate sampling weights can be assigned to each case to make the combined monthly samples representative of the total population of annual discharges. This is done using the following approach:

Calculate the expansion weight for each month (E_m):

$$E_m = (\text{Population size for the month}) / (\text{Sample size for the month})$$

Calculate the mean expansion weight (E) for the number of months covered by the score (e.g., 12 months):

$$E = (\sum_m E_m) / (\text{number of months})$$

Calculate the relative weight for each month (W_m) as the expansion weight for the month divided by the mean expansion weight:

$$W_m = E_m / E$$

Assign a sampling weight to each case (W_i) based on the month in which the person was discharged and the corresponding value of W_m .

Global Measures

The global measures consist of an overall rating of the hospital and an item about willingness to recommend the hospital. The basic approach for producing scores for these items is below.

Overall Rating of the Hospital.

For this item, respondents are asked, "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 child's stay?" The scoring on this item represents the proportion of respondents who gave ratings of 0-6, 7-8, or 9-10. The top-box score is the proportion of respondents who gave ratings of 9-10.

The steps to calculate a hospital's score, including the top-box score are as follows:

Step 1 – Identify relevant cases

Include only cases with non-missing values on the overall rating question.

Step 2 – Calculate the proportion of cases in each response category

(1) Proportion of respondents who gave the hospital an overall rating of 0-6:

The numerator is the number of respondents for whom the overall rating (X_i) is 0-6. Each case is weighted by the appropriate sampling weight for the discharge month.

The denominator is the total number of respondents, each weighted by the appropriate sampling weight for the discharge month.

The proportion can be defined as follows:

$$\text{Let } X1_i = 1 \text{ when } X_i \text{ is 0-6} \\ = 0 \text{ otherwise}$$

$$P1 = (\sum_i W_i X1_i) / \sum_i W_i$$

(2) Proportion of respondents who gave the hospital an overall rating of 9 or 10:

The numerator is the number of respondents for whom the overall rating (X_i) is 9 or 10. Each case is weighted by the appropriate sampling weight for the discharge month.

The denominator is the total number of respondents, each weighted by the appropriate sampling weight for the discharge month.

The proportion can be defined as follows:

$$\text{Let } X3_i = 1 \text{ when } X_i \text{ is 9 or 10} \\ = 0 \text{ otherwise}$$

$$P3 = (\sum_i W_i X3_i) / \sum_i W_i$$

(3) Proportion of respondents who gave the hospital an overall rating of 7 or 8:

The proportion can be defined as follows:

$$P2 = 1 - P1 - P3$$

A hospital's top-box score on the overall rating item is equal to P3, the proportion of respondents who gave ratings of 9-10 to the hospital. The proportion of cases in the other categories can be informative for hospitals' quality improvement efforts.

Willingness to Recommend the Hospital

For this item, respondents are asked, "Would you recommend this hospital to your friends and family?" Response options are "definitely no," "probably no," "probably yes," or "definitely yes." A hospital's score is the proportion of cases in each response category. The hospital's top-box score is the proportion of cases in which the response is "definitely yes." Production of a hospital's score on this item follows the same steps discussed above.

Domain-Level Composites

There are 10 domain-level composites included in Child HCAHPS; see **Survey Items in Domain-Level Composite and Single-Item Measures (Appendix K)**. Composite scores are generated by calculating top-box proportions—the proportion of responses in the most positive category. Production of composite scores is described below.

Composite example: Communication between you and your child's doctors

This composite is produced by combining responses to three questions:

- "During this hospital stay, how often did your child's doctors listen carefully to you?"
- "During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?"
- "During this hospital stay, how often did your child's doctors treat you with courtesy and respect?"

Response options for each question are "never," "sometimes," "usually," or "always." The basic steps to calculate a hospital's composite score are as follows:

Step 1 – Calculate the proportion of cases in the "always" response category for each question:

- P11 = Proportion of respondents who said "always" to the first question

- P12 = Proportion of respondents who said “always” to the second question
- P13 = Proportion of respondents who said “always” to the third question

Step 2 – Combine responses from the three questions to form the top-box proportion for the composite:

- PC1 = Composite proportion who said “always” = $(P11 + P12 + P13) / 3$

The most positive response categories for all composites are shown in Table 4 below:

Table 4: Composites with Most Positive Response Categories

Composite	Most positive response category
Nurse-parent communication	Always
Doctor-parent communication	Always
Communication about medicines	Yes, definitely
Informed about child’s care	Always
Preparing to leave hospital	Yes, definitely
Nurse-child communication	Always
Doctor-child communication	Always
Involving teens in care	Always/Yes, definitely
Mistakes and concerns	Always/Yes, definitely
Child comfort	Always/Yes, definitely

Production of a hospital’s scores on these composites follows the same steps discussed above; see **Survey Items in Domain-Level Composite and Single-Item Measures (Appendix K)** for the list of items that comprise each composite.

Domain-Level Single Items

There are 8 domain-level single items included in Child HCAHPS; see **Survey Items in Domain-Level Composite and Single-Item Measures (Appendix K)**. Scores are generated by calculating top-box proportions. Production of item scores is described below.

Example of domain-level single item: “During this hospital stay, how often were you given as much privacy as you wanted when discussing your child’s care with providers?”

Response options are “never,” “sometimes,” “usually,” or “always”. To determine a hospital’s score, calculate the proportion of cases in the “always” response category for this question.

The most positive response categories for all single items are shown in Table 5 below:

Table 5: Single Items with Most Positive Response Categories

Item	Most positive response category
Privacy with providers	Always
Informed in Emergency Room	Always
Call button	Always
Child pain	Always
Cleanliness	Always
Quietness	Always

Production of a hospital's scores on these items follows the same approach described above.

The discussion above describes the basic steps in producing unadjusted hospital-level scores. Adjusted scores are used when comparing hospitals.

Case-Mix Adjustment

When comparing hospitals, it is necessary to adjust appropriately for case-mix differences. Case-mix refers to patient characteristics, such as demographic characteristics and health status, that are not under the control of the hospital and may affect scores on performance measures. Systematic effects of this sort create the potential for a hospital's rating to be higher or lower because of characteristics of its patient population rather than the quality of care it provides. Comparisons of unadjusted scores may therefore be misleading. The basic goal of adjusting for case mix is to estimate how different hospitals would score if they all provided care to comparable groups of patients.

Analyses of the Child HCAHPS pilot data were conducted to examine the effects of patients' characteristics on parent report of hospital care. Child HCAHPS includes adjustment of hospital scores for patient characteristics that are associated with Child HCAHPS measures and are differentially distributed across hospitals. The case-mix data are obtained from items in the "About You" section of the survey and from hospital administrative records. Based on findings from the pilot data analyses and consistent with previous studies of case-mix adjustment in CAHPS and other hospital patient surveys, Child HCAHPS uses the following categorical variables in the case-mix adjustment model:

- Child age
- Child global health status
- Respondent age
- Respondent education
- Respondent relationship to child
- Language preference

The case-mix adjustment uses a regression methodology that is also referred to as covariance adjustment; see ***Case-Mix Adjustment Methodology (Appendix M)*** for details on this methodology.

Appendix A: Determining Whether a Survey Is Complete

A survey can be considered “complete” for Child HCAHPS purposes even if a parent did not answer all items. Assign a parent’s survey a “Final Survey Status” code of “1– Completed survey” if at least 50% of the questions applicable to all patients (questions 1, 13-23, 25, 27, 29, 30, 32-37, 40-43, 47, 48, 56) have been answered by the parent. Appropriately skipped questions and the following questions are not included in the calculation of percentage complete: questions 2-12, 24, 26, 28, 31, 38, 39, 44-46, 49-55, 57.

Determine whether a survey should be considered complete using the following steps:

Step 1 – Sum the number of questions applicable to all patients (questions 1, 13-23, 25, 27, 29, 30, 32-37, 40-43, 47, 48, 56) that have been answered by the parent:

$R = \text{total number of questions answered}$

Step 2 – Divide the total number of answered questions from Step 1 by 29, which is the total number of questions applicable to all patients, and then multiply by 100:

$\text{Percentage Complete} = (R/29) \times 100$

Step 3 – If the Percentage Complete is at least 50%, then assign the survey a “Final Survey Status” code of “1 – Completed survey.”

The following examples illustrate how to determine whether a survey should receive a status of “completed.”

Determining Whether a Survey is Complete: Example A

A mail survey is returned to the hospital/survey vendor, or a telephone survey is conducted. Of the questions that are applicable to all patients, the parent answered the following: 1, 13, 14, 15, 16, 17, 18, 19, 20, 25, 29, 30, 32, 33, 40. The remaining items applicable to all patients were left blank or were coded as “M – Missing/Don’t know.”

Step 1:

$R = \text{total number of questions answered} = 15$

Step 2:

$\text{Percentage Complete} = (15/29) \times 100 = 52\%$

Step 3:

Percentage Complete = 52%, which meets the criterion for a completed survey ($\geq 50\%$). Assign a “Final Survey Status” code of “1 – Completed survey” to this survey.

Determining Whether a Survey is Complete: Example B

A mail survey is returned to the hospital/survey vendor, or a telephone survey is conducted. Of the questions that are applicable to all patients, the parent answered the following: 1, 13, 15, 16, 19, 20, 29. The remaining items applicable to all patients were left blank or were coded as “M – Missing/Don’t know.”

Step 1:

$R = \text{total number of questions answered} = 7$

Step 2:

Percentage Complete = $(7/29) \times 100 = 24\%$

Step 3:

Percentage Complete = 24%, which does not meet the criterion for a completed survey ($\geq 50\%$). Assign a "Final Survey Status" code of "6 – Non-response: Break off" to this survey.

Appendix B: Child and Respondent Descriptive Characteristics

Variable	N	%
Child Age		
0	2,796	20.3
1 to 4	3,596	26.1
5 to 8	2,223	16.2
9 to 12	2,031	14.8
13 to 17	3,112	22.6
Child Gender		
Male	7,449	54.2
Female	6,307	45.9
Child Race/Ethnicity		
White	8,400	63.1
Black	1,376	10.3
Hispanic	2,448	18.4
Asian/Pacific Islander	490	3.7
American Indian or Alaskan Native	72	0.5
Multi	526	4.0
Respondent Age		
< 25	1,144	8.6
25 to 34	4,396	32.9
35 to 44	5,003	37.4
45+	2,838	21.2
Child Global Health Status		
Excellent	5,334	39.9
Very Good	4,315	32.3
Good	2,498	18.7
Fair	1,005	7.5
Poor	221	1.7
Respondent Education		
8th grade or less	414	3.2
Some high school, but did not graduate	625	4.8
High school graduate or GED	2,350	18.0
Some college or 2-year degree	4,179	32.0
4-year college graduate	2,895	22.2
More than 4-year college degree	2,592	19.9
Respondent Relationship to Child		
Mother	11,269	84.9
Father	1,479	11.1
Other	533	4.0
Language Preference		
English	12,001	87.2
Spanish	1,018	7.4
Other/Missing	739	5.4

Appendix C: Codes to Identify Healthy Newborns for Exclusion

Healthy newborns are excluded because their care may be closely associated with a mother's obstetric care and thus may not reflect a pediatric service's quality of care. Healthy newborns are identified based on administrative billing codes. We recommend excluding an episode of care from the sampling frame if it includes one of the codes in Table C as the primary diagnosis and length of stay is (a) < 5 days if diagnosis code V3x01 (a C-section occurred) or (b) < 3 days if diagnosis code V3x00 (no C-section occurred).

Table C: Healthy Newborn ICD-9-CM and ICD-10-CM Codes

ICD-9-CM Diagnosis Code	ICD-9-CM Diagnosis Code Description	ICD-10-CM Diagnosis Code	ICD-10 Diagnosis Code Description
V30.00	Single liveborn, born in hospital, delivered without mention of cesarean section	Z38.00	Single liveborn infant, delivered vaginally
V30.00	Single liveborn, born in hospital, delivered without mention of cesarean section	Z38.2	Single liveborn infant, unspecified as to place of birth
V30.01	Single liveborn, born in hospital, delivered by cesarean section	Z38.01	Single liveborn infant, delivered by cesarean
V31.00	Twin birth, mate liveborn, born in hospital, delivered without mention of cesarean section	Z38.30	Twin liveborn infant, delivered vaginally
V31.00	Twin birth, mate liveborn, born in hospital, delivered without mention of cesarean section	Z38.5	Twin liveborn infant, unspecified as to place of birth
V31.01	Twin birth, mate liveborn, born in hospital, delivered by cesarean section	Z38.31	Twin liveborn infant, delivered by cesarean
V32.00	Twin birth, mate stillborn, born in hospital, delivered without mention of cesarean section	Z38.30	Twin liveborn infant, delivered vaginally
V32.01	Twin birth, mate stillborn, born in hospital, delivered by cesarean section	Z38.31	Twin liveborn infant, delivered by cesarean
V33.00	Twin birth, unspecified whether mate liveborn or stillborn, born in hospital, delivered without mention of cesarean section	Z38.30	Twin liveborn infant, delivered vaginally
V33.01	Twin birth, unspecified whether mate liveborn or stillborn, born in hospital, delivered by cesarean section	Z38.31	Twin liveborn infant, delivered by cesarean
V34.00	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered without mention of cesarean section	Z38.61	Triplet liveborn infant, delivered vaginally

V34.00	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered without mention of cesarean section	Z38.63	Quadruplet liveborn infant, delivered vaginally
V34.00	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered without mention of cesarean section	Z38.65	Quintuplet liveborn infant, delivered vaginally
V34.00	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered without mention of cesarean section	Z38.68	Other multiple liveborn infant, delivered vaginally
V34.00	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered without mention of cesarean section	Z38.8	Other multiple liveborn infant, unspecified as to place of birth
V34.01	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered by cesarean section	Z38.62	Triplet liveborn infant, delivered by cesarean
V34.01	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered by cesarean section	Z38.64	Quadruplet liveborn infant, delivered by cesarean
V34.01	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered by cesarean section	Z38.66	Quintuplet liveborn infant, delivered by cesarean
V34.01	Other multiple birth (three or more), mates all liveborn, born in hospital, delivered by cesarean section	Z38.69	Other multiple liveborn infant, delivered by cesarean
V35.00	Other multiple birth (three or more), mates all still born, born in hospital, delivered without mention of cesarean section	Z38.61	Triplet liveborn infant, delivered vaginally
V35.00	Other multiple birth (three or more), mates all still born, born in hospital, delivered without mention of cesarean section	Z38.63	Quadruplet liveborn infant, delivered vaginally
V35.00	Other multiple birth (three or more), mates all still born, born in hospital, delivered without mention of cesarean section	Z38.65	Quintuplet liveborn infant, delivered vaginally
V35.00	Other multiple birth (three or more), mates all still born, born in hospital, delivered without mention of cesarean section	Z38.68	Other multiple liveborn infant, delivered vaginally
V35.00	Other multiple birth (three or more), mates all still born, born in hospital, delivered without mention of cesarean section	Z38.8	Other multiple liveborn infant, unspecified as to place of birth
V35.01	Other multiple birth (three or more), mates all still born, born in hospital,	Z38.62	Triplet liveborn infant, delivered by cesarean

	delivered by cesarean section		
V35.01	Other multiple birth (three or more), mates all still born, born in hospital, delivered by cesarean section	Z38.64	Quadruplet liveborn infant, delivered by cesarean
V35.01	Other multiple birth (three or more), mates all still born, born in hospital, delivered by cesarean section	Z38.66	Quintuplet liveborn infant, delivered by cesarean
V35.01	Other multiple birth (three or more), mates all still born, born in hospital, delivered by cesarean section	Z38.69	Other multiple liveborn infant, delivered by cesarean
V35.01	Other multiple birth (three or more), mates all still born, born in hospital, delivered by cesarean section	Z38.8	Other multiple liveborn infant, unspecified as to place of birth
V36.00	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.61	Triplet liveborn infant, delivered vaginally
V36.00	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.63	Quadruplet liveborn infant, delivered vaginally
V36.00	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.65	Quintuplet liveborn infant, delivered vaginally
V36.00	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.68	Other multiple liveborn infant, delivered vaginally
V36.00	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.8	Other multiple liveborn infant, unspecified as to place of birth
V36.01	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.62	Triplet liveborn infant, delivered by cesarean
V36.01	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.64	Quadruplet liveborn infant, delivered by cesarean
V36.01	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.66	Quintuplet liveborn infant, delivered by cesarean
V36.01	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.69	Other multiple liveborn infant, delivered by cesarean

V36.01	Other multiple birth (three or more), mates liveborn and stillborn, born in hospital, delivered without mention of cesarean section	Z38.8	Other multiple liveborn infant, unspecified as to place of birth
V37.00	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered without mention of cesarean section	Z38.61	Triplet liveborn infant, delivered vaginally
V37.00	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered without mention of cesarean section	Z38.63	Quadruplet liveborn infant, delivered vaginally
V37.00	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered without mention of cesarean section	Z38.65	Quintuplet liveborn infant, delivered vaginally
V37.00	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered without mention of cesarean section	Z38.68	Other multiple liveborn infant, delivered vaginally
V37.00	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered without mention of cesarean section	Z38.8	Other multiple liveborn infant, unspecified as to place of birth
V37.01	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered by cesarean section	Z38.62	Triplet liveborn infant, delivered by cesarean
V37.01	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered by cesarean section	Z38.64	Quadruplet liveborn infant, delivered by cesarean
V37.01	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered by cesarean section	Z38.66	Quintuplet liveborn infant, delivered by cesarean
V37.01	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered by cesarean section	Z38.69	Other multiple liveborn infant, delivered by cesarean
V37.01	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born in hospital, delivered by cesarean section	Z38.8	Other multiple liveborn infant, unspecified as to place of birth

V39.00	Liveborn, unspecified whether single, twin or multiple, born in hospital, delivered without mention of cesarean section	Z38.00	Single liveborn infant, delivered vaginally
V39.00	Liveborn, unspecified whether single, twin or multiple, born in hospital, delivered without mention of cesarean section	Z38.2	Single liveborn infant, unspecified as to place of birth
V39.01	Liveborn, unspecified whether single, twin or multiple, born in hospital, delivered by cesarean section	Z38.01	Single liveborn infant, delivered by cesarean

Appendix D: Administrative Items

Administrative item	Purpose
HEADER RECORD	
Unique hospital ID	Identify the hospital for which data were collected.
Hospital name	Identify the hospital for which data were collected.
Facility state	Identify the state in which the hospital is located.
Population size	For use with sample size to calculate the sampling rate for the month. Sampling rates are used to appropriately weight each month's data in the creation of the 12-month estimates.
Sample size	For use with population size to calculate the sampling rate for the month. Sampling rates are used to appropriately weight each month's data in the creation of the 12-month estimates. Also for use in quality control to check the number of person-level records that should be in the file for each month.
Sample type	Indicates method of sampling used by the hospital to determine the hospital's sampling frame.
PERSON-LEVEL RECORDS	
Patient ID	For use in tracking the survey results.
Discharge status	For use in determining the sampling frame.
Admit source	For use in determining survey eligibility.
Survey mode	For use in analyzing survey results.
Survey status	For use in identifying eligible respondents to calculate Child HCAHPS response rates. Also for use in tracking patterns of non-response for survey monitoring.
Family preferred language	For use in the case-mix adjustment model.
Patient date of birth	For use in the case-mix adjustment model.
Patient sex	For use in analyzing data.
Patient name	For use in administering Child HCAHPS.
Parent name	For use in administering Child HCAHPS.
Parent address	For use in administering Child HCAHPS.
Parent telephone number	For use in administering Child HCAHPS.
Admission date	For use in identifying eligible patients for sampling.
Discharge date	For use in identifying eligible patients for sampling.

Appendix E: Rationale for Recommended Number of Completed Surveys

Three hundred completed surveys per 12-month reporting period are required to achieve the desired statistical precision of survey results. This number was determined using a reliability criterion. Hospital-level unit reliability reflects item or composite variation **between** or among hospitals relative to random variation in the mean response **within** hospitals. For example, if no true differences existed among hospitals, all of the variation in a measure would reflect random variation in the responses of patients who happened to answer the survey, and the hospital-level unit reliability would be 0. Conversely, if all of the variation in scores were due to differences among hospitals (i.e., hospitals received different scores, but all of the patients within a given hospital gave the same score), the hospital-level unit reliability would be 1.0. Achieving adequate reliability makes it reasonably likely that differences in hospital-level means of top-box scores represent true underlying differences rather than being due to chance.

The minimum of 300 responses per hospital was calculated based on a goal that most composite and single-item measures have a reliability $\geq .7$, which is a standard target reliability, taking into account the rate at which each item was completed (see Table E1). In addition, 300 responses per hospital is the minimum number that CMS requires for publicly reporting and comparing Adult HCAHPS results based on the hospital-level unit reliabilities of the Adult HCAHPS composites. All but one composite have an adequate reliability (defined as $\geq .7$) at a sample size of 300. A majority of the measures have good reliability (defined as $\geq .8$) at a sample size of 300.

Table E1: Hospital-Level Reliability at a Sample Size of 300 Completed Surveys

Composite/Single Item	Mean Top Box Score	Proportion Responded*	Reliability at N=300 Completed Surveys
Nurse-parent communication	.81	.98	.80
Doctor-parent communication	.83	.98	.73
Communication about medicines	.79	.96	.91
Informed about child's care	.72	.98	.79
Privacy with providers	.82	.98	.82
Preparing to leave hospital	.80	.98	.87
Informed in Emergency Room	.84	.49	.74
Nurse-child communication	.71	.48	.77
Doctor-child communication	.67	.48	.84
Involving teens in care	.72	.20	.66
Mistakes and concerns	.55	.97	.90
Call button	.58	.65	.78
Child comfort	.67	.98	.91
Child pain	.74	.62	.79
Cleanliness	.69	.96	.86
Quietness	.62	.96	.90
Overall rating	.75	.98	.89
Recommend hospital	.83	.97	.93

* Proportion responded refers to the proportion of surveys for which there was a response to single item or items in the composite.

The table below demonstrates how the ability to distinguish hospital performance, as measured by reliability, is related to sample size. Table E2 provides estimated hospital-level sample sizes needed to achieve varying reliabilities for each of the Child HCAHPS composites and single items.

Table E2: Required Sample Sizes for Varying Hospital-Level Unit Reliability Estimates of Composites and Single Items

Composite/Single Item	Unit Response* for Reliability of			
	0.6	0.7	0.8	0.9
Nurse-parent communication	116	181	310	698
Doctor-parent communication	170	264	453	1019
Communication about medicines	45	70	120	270
Informed about child's care	123	192	329	740
Privacy with providers	97	151	258	581
Preparing to leave hospital	68	106	182	410
Informed in Emergency Room	155	241	413	930
Nurse-child communication	136	212	363	818
Doctor-child communication	88	137	235	528
Involving teens in care	235	365	626	1409
Mistakes and concerns	49	75	129	291
Call button	130	202	346	778
Child comfort	47	73	124	280
Child pain	123	191	328	736
Cleanliness	73	113	194	436
Quietness	52	82	140	315
Overall rating	54	84	145	326
Recommend hospital	36	56	96	217

* Unit response refers to a hospital's number of completed surveys.

Based on our analyses, hospitals should obtain at least 300 completed surveys over each 12-month reporting period.

Appendix F: Child HCAHPS Mail Survey Materials – English

Child HCAHPS Cover Letter – English

Parent or Guardian of [*name of child*]
[*Address*]
[*City, State, Zip*]

Dear Parent or Guardian of [*name of child*]:

Our records show that your child was recently a patient at [*name of hospital*] and discharged on [*date of discharge*]. Because your child had a recent hospital stay, we are asking for your help. Enclosed you will find a survey about your family's experience during the hospital stay listed above. The results from this survey will help hospitals improve the care they provide.

The parent or guardian who spent the most time with your child in the hospital should fill out this survey. Participation is voluntary and will not affect your child's health benefits.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. After you complete the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for the purpose of improving quality. Your name and your child's name will not be identified.

If you have any questions about the survey, please call [*name of vendor*] toll-free at [*vendor contact number*]. If you have any questions about your child's care, please call [*name of hospital contact*] at [*hospital contact number*]. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR
HOSPITAL NAME

Child HCAHPS Follow-Up Cover Letter – English

Parent or Guardian of *[name of child]*

[Address]

[City, State, Zip]

Dear Parent or Guardian of *[name of child]*:

Our records show that your child was recently a patient at *[name of hospital]* and discharged on *[date of discharge]*. About three weeks ago we sent you a survey about your child's hospital stay. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now.

Because your child had a recent hospital stay, we are asking for your help. Enclosed you will find a survey about your family's experience during the hospital stay listed above. The results from this survey will help hospitals improve the care they provide.

The parent or guardian who spent the most time with your child in the hospital should fill out this survey. Participation is voluntary and will not affect your child's health benefits.

Please take a few minutes and complete the enclosed survey. After you complete the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for the purpose of improving quality. Your name and your child's name will not be identified.

If you have any questions about the survey, please call *[name of vendor]* toll-free at *[vendor contact number]*. If you have any questions about your child's care, please call *[name of hospital contact]* at *[hospital contact number]*. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR
HOSPITAL NAME

Child HCAHPS Mail Survey – English

CAHPS Hospital Survey – Child Version (Child HCAHPS)

Please answer the questions in this survey about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.

If possible, the parent or guardian who spent the most time with the child in the hospital should fill out this survey.

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over 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 → **If Yes, go to #1**
- No → **If No, go to #2**

You may notice a number on this survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

WHEN YOUR CHILD WAS ADMITTED TO THIS HOSPITAL

1. Was your child born during this hospital stay?
 - Yes → **If Yes, go to #13**
 - No → **If No, go to #2**
2. For this hospital stay, was your child admitted through **this hospital's** Emergency Room?
 - Yes → **If Yes, go to #3**
 - No → **If No, go to #4**
3. While your child was in the Emergency Room, were you kept informed about what was being done for your child?
 - I was not at the hospital when my child was in the Emergency Room
 - Yes, definitely
 - Yes, somewhat
 - No
4. During the first day of this hospital stay, were you asked to list or review all of the **prescription medicines** your child was taking at home?
 - Yes, definitely
 - Yes, somewhat
 - No
5. During the first day of this hospital stay, were you asked to list or review all of the **vitamins, herbal medicines, and over-the-counter medicines** your child was taking at home?
 - Yes, definitely
 - Yes, somewhat
 - No

The rest of the questions are about your child's care after being admitted to this hospital. If your child was admitted through the Emergency Room, do not include what happened in the Emergency Room as you answer the rest of the questions.

6. Is your child able to talk with nurses and doctors about his or her health care?
 - Yes → **If Yes, go to #7**
 - No → **If No, go to #13**

YOUR CHILD'S EXPERIENCE WITH NURSES

The next questions ask about your child's experience during this hospital stay. You will be asked about your own experience during this hospital stay in later questions.

7. During this hospital stay, how often did your child's **nurses** listen carefully to **your child**?
 - Never
 - Sometimes
 - Usually
 - Always
8. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?
 - Never
 - Sometimes
 - Usually
 - Always

9. During this hospital stay, how often did your child's nurses encourage your child to ask questions?
- Never
 - Sometimes
 - Usually
 - Always

YOUR CHILD'S EXPERIENCE WITH DOCTORS

10. During this hospital stay, how often did your child's **doctors** listen carefully to **your child**?
- Never
 - Sometimes
 - Usually
 - Always
11. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?
- Never
 - Sometimes
 - Usually
 - Always
12. During this hospital stay, how often did your child's doctors encourage your child to ask questions?
- Never
 - Sometimes
 - Usually
 - Always

YOUR EXPERIENCE WITH NURSES

13. During this hospital stay, how often did your child's **nurses** listen carefully to **you**?
- Never
 - Sometimes
 - Usually
 - Always
14. During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always

15. During this hospital stay, how often did your child's nurses treat you with courtesy and respect?
- Never
 - Sometimes
 - Usually
 - Always

YOUR EXPERIENCE WITH DOCTORS

16. During this hospital stay, how often did your child's **doctors** listen carefully to **you**?
- Never
 - Sometimes
 - Usually
 - Always
17. During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
18. During this hospital stay, how often did your child's doctors treat you with courtesy and respect?
- Never
 - Sometimes
 - Usually
 - Always

YOUR EXPERIENCE WITH PROVIDERS

19. A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?
- Never
 - Sometimes
 - Usually
 - Always
20. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?
- Yes, definitely
 - Yes, somewhat
 - No

21. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?
- Never
 - Sometimes
 - Usually
 - Always
22. During this hospital stay, how often did providers keep you informed about what was being done for your child?
- Never
 - Sometimes
 - Usually
 - Always
23. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?
- Yes → **If Yes, go to #24**
 - No → **If No, go to #25**
24. How often did providers give you as much information as you wanted about the results of these tests?
- Never
 - Sometimes
 - Usually
 - Always

YOUR CHILD'S CARE IN THIS HOSPITAL

25. During this hospital stay, did you or your child ever press the call button?
- Yes → **If Yes, go to #26**
 - No → **If No, go to #27**
26. After pressing the call button, how often was help given as soon as you or your child wanted it?
- Never
 - Sometimes
 - Usually
 - Always
27. During this hospital stay, was your child given any medicine?
- Yes → **If Yes, go to #28**
 - No → **If No, go to #29**

28. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?
- Never
 - Sometimes
 - Usually
 - Always
29. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?
- Yes, definitely
 - Yes, somewhat
 - No
30. During this hospital stay, did your child have pain that needed medicine or other treatment?
- Yes → **If Yes, go to #31**
 - No → **If No, go to #32**
31. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?
- Yes, definitely
 - Yes, somewhat
 - No

THE HOSPITAL ENVIRONMENT

32. During this hospital stay, how often were your child's room and bathroom kept clean?
- Never
 - Sometimes
 - Usually
 - Always
33. During this hospital stay, how often was the area around your child's room quiet at night?
- Never
 - Sometimes
 - Usually
 - Always
34. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?
- Yes, definitely
 - Yes, somewhat
 - No

WHEN YOUR CHILD LEFT THE HOSPITAL

35. As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave?
- Yes, definitely
 - Yes, somewhat
 - No
36. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?
- Yes, definitely
 - Yes, somewhat
 - No
37. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?
- Yes → **If Yes, go to #38**
 - No → **If No, go to #40**
38. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?
- Yes, definitely
 - Yes, somewhat
 - No
39. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?
- Yes, definitely
 - Yes, somewhat
 - No
40. A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?
- Yes, definitely
 - Yes, somewhat
 - No

41. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after leaving the hospital?
- Yes, definitely
 - Yes, somewhat
 - No
42. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?
- Yes, definitely
 - Yes, somewhat
 - No

TEENS IN THIS HOSPITAL

43. During this hospital stay, was your child 13 years old or older?
- Yes → **If Yes, go to #44**
 - No → **If No, go to #47**
44. During this hospital stay, how often did providers involve your child in discussions about his or her health care?
- Never
 - Sometimes
 - Usually
 - Always
45. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?
- Yes, definitely
 - Yes, somewhat
 - No
46. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?
- Yes, definitely
 - Yes, somewhat
 - No

OVERALL RATING OF THIS HOSPITAL

As a reminder, please answer the questions about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.

47. 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 child's stay?
- 0 Worst hospital possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best hospital possible
48. Would you recommend this hospital to your friends and family?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes

ABOUT YOUR CHILD

49. In general, how would you rate your child's overall health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
50. Is your child of Hispanic, Latino, or Spanish origin? Mark one or more.
- No, not of Hispanic, Latino, or Spanish origin
 - Yes, Mexican, Mexican American, Chicano
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, another Hispanic, Latino, or Spanish origin
51. How would you describe your child's race? Mark one or more.
- White
 - Black or African American
 - Asian
 - Native Hawaiian or other Pacific Islander
 - American Indian or Alaska Native

ABOUT YOU

52. How are you related to the child?
- Mother
 - Father
 - Grandmother
 - Grandfather
 - Other relative or legal guardian
 - Someone else → Please print: _____
53. What is your age?
- Under 18
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65-74
 - 75 and older
54. What is the highest grade or level of school that you have **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
55. What is your preferred language?
- English
 - Spanish
 - Chinese
 - Vietnamese
 - Korean
 - Russian
 - Other language → Please print: _____
56. During your child's hospital stay, how much of the time were you at the hospital?
- None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All or nearly all of the time
57. Is there anything else you would like to say about the care your child received during this hospital stay?
- _____
- _____
- _____
- _____

THANK YOU

Appendix G: Child HCAHPS Mail Survey Materials – Spanish

Child HCAHPS Cover Letter – Spanish

Padre o tutor de [name of child]
[Address]
[City, State, Zip]

Estimado padre o tutor de [name of child]:

Nuestros registros indican que hace poco su niño fue paciente del [hospital name] y lo dieron de alta [date of discharge]. Como su hijo estuvo hospitalizado recientemente, queremos pedirle su colaboración. Adjunta encontrará una encuesta sobre la experiencia de su familia durante la estancia hospitalaria mencionada anteriormente. Los resultados de esta encuesta ayudarán a que los hospitales mejoren la atención que proveen.

Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien llene esta encuesta. La participación es voluntaria y no afectará los beneficios médicos de su niño.

Valoramos mucho su participación y esperamos que tome el tiempo para llenar la encuesta. Después de completar la encuesta, envíenosla de regreso en el sobre adjunto, con porte pre-pagado. Es posible que le comuniquemos sus respuestas al hospital con el propósito de mejorar su calidad, pero no se revelarán ni su nombre ni el de su niño.

Si tiene cualquier duda acerca de la encuesta, comuníquese al [vendor contact number], número de teléfono sin costo de la [vendor name]. Si tiene alguna pregunta sobre la atención médica de su niño, llame a [name of hospital contact] al [hospital contact number]. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Child HCAHPS Follow-Up Cover Letter – Spanish

Padre o tutor de [name of child]
[Address]
[City, State, Zip]

Estimado padre o tutor de [name of child]:

Nuestros registros indican que recientemente su niño fue paciente del [hospital name] y lo dieron de alta [date of discharge]. Hace aproximadamente tres semanas, le enviamos una encuesta sobre esta vez que su niño estuvo en el hospital. Si ya nos envió la encuesta, no tome en cuenta esta carta. Sin embargo, si aún no lo ha hecho, dedíquele uno minutos y llénela ahora; se lo agradeceremos.

Le estamos pidiendo su colaboración porque su niño estuvo hospitalizado hace poco. Adjunta encontrará una encuesta sobre la experiencia de su familia durante la estancia en el hospital mencionada anteriormente. Los resultados de esta encuesta ayudarán a los hospitales a mejorar la atención que proveen.

Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien llene esta encuesta. La participación es voluntaria y no afectará los beneficios médicos de su niño.

Por favor dedique unos minutos a contestar la encuesta adjunta. Después de completar la encuesta, envíenosla de regreso en el sobre adjunto, con porte pre-pagado. Es posible que le comuniquemos sus respuestas al hospital con el propósito de mejorar su calidad, pero no se revelarán ni su nombre ni el de su niño.

Si tiene cualquier duda acerca de la encuesta, comuníquese al [vendor contact number], número de teléfono sin costo de la [vendor name]. Si tiene alguna pregunta sobre la atención médica de su niño, llame a [name of hospital contact] al [hospital contact number]. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Encuesta CAHPS® sobre Atención Pediátrica Hospitalaria

Por favor, conteste las preguntas de esta encuesta sobre el niño y el hospital indicados en la carta de presentación. No incluya en sus respuestas ninguna otra estancia en un hospital aparte de ésta.

Si es posible, deberá ser el padre, la madre o el tutor que pasó la mayor parte del tiempo con el niño en el hospital quien conteste esta encuesta.

Conteste todas las preguntas marcando el círculo que aparece a la izquierda de la respuesta que usted elija.

A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará la siguiente pregunta a la que tiene que pasar. Por ejemplo:

- Sí → Si contestó “Sí”, pase al #1
- No → Si contestó “No”, pase al #2

Verá que esta encuesta tiene un número. Este número se usa para saber si usted devolvió la encuesta y no tener que enviarle recordatorios.

ADMISIÓN DE SU NIÑO EN ESTE HOSPITAL

1. ¿Nació su niño durante esta vez que estuvo en el hospital?
 - Sí → Si contestó “Sí”, pase al #13
 - No → Si contestó “No”, pase al #2
2. Esta vez que estuvo en el hospital, ¿admitieron a su niño a través de la Sala de Emergencias de **este** hospital?
 - Sí → Si contestó “Sí”, pase al #3
 - No → Si contestó “No”, pase al #4
3. Mientras su niño estaba en la Sala de Emergencias, ¿le mantuvieron a usted informado sobre lo que se estaba haciendo por su niño?
 - Yo no estaba en el hospital cuando mi niño estuvo en la Sala de Emergencias
 - Sí, definitivamente
 - Sí, algo
 - No
4. Durante el primer día de esta vez que su niño estuvo en el hospital, ¿le pidieron a usted que listara o revisara todas **las medicinas recetadas** que su niño estaba tomando en casa?
 - Sí, definitivamente
 - Sí, algo
 - No
5. Durante el primer día de esta vez que su niño estuvo en el hospital, ¿le pidieron a usted que listara o revisara todas **las vitaminas, medicinas a base de plantas medicinales y medicinas de venta sin receta** que su niño estaba tomando en casa?
 - Sí, definitivamente
 - Sí, algo
 - No

El resto de las preguntas son sobre la atención de su niño después de que lo admitieron en este hospital. **Si a su niño lo admitieron a través de la Sala de Emergencias, no incluya nada de lo que pasó en la Sala de Emergencias al contestar el resto de las preguntas.**

6. ¿Su niño puede hablar con las enfermeras y los doctores sobre la atención médica que recibe?
 - Sí → Si contestó “Sí”, pase al #7
 - No → Si contestó “No”, pase al #13

LA EXPERIENCIA QUE TUVO SU NIÑO CON LAS ENFERMERAS

Las siguientes preguntas son sobre la experiencia de **su niño** durante esta vez que estuvo en el hospital. **Le preguntaremos a usted por sus propias experiencias durante esta vez que estuvo en el hospital en otras preguntas más adelante.**

7. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia **las enfermeras** de su niño escuchaban a **su niño** con atención?
 - Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
8. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le explicaban a su niño las cosas de una manera fácil de entender?
 - Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

9. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño animaban a su niño a que hiciera preguntas?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

LA EXPERIENCIA QUE TUVO SU NIÑO CON LOS DOCTORES

10. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia **los doctores** de su niño escuchaban a **su niño** con atención?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
11. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le explicaban a su niño las cosas de una manera fácil de entender?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
12. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño animaban a su niño a que hiciera preguntas?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

LA EXPERIENCIA QUE TUVO USTED CON LAS ENFERMERAS

13. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia **las enfermeras** de su niño le escuchaban a **usted** con atención?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
14. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le explicaban a usted las cosas de una manera fácil de entender?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

15. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le trataban a usted con cortesía y respeto?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

LA EXPERIENCIA QUE TUVO USTED CON LOS DOCTORES

16. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia **los doctores** de su niño le escuchaban a **usted** con atención?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
17. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le explicaban a usted las cosas de una manera fácil de entender?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
18. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le trataban a usted con cortesía y respeto?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

SU EXPERIENCIA CON LOS PROVEEDORES DE SALUD

19. Un proveedor de salud del hospital puede ser un doctor, una enfermera, una enfermera especialista, o un asistente médico. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le dieron toda la privacidad que usted quería cuando hablaba sobre la atención o el tratamiento de su niño con los proveedores de salud?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

20. Las cosas que la familia puede saber mejor sobre un niño incluyen la manera en que actúa normalmente, qué le hace sentirse a gusto y cómo calmar sus miedos. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud le preguntaron a usted sobre este tipo de cosas?
- Sí, definitivamente
 - Sí, algo
 - No
21. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud hablaban con su niño y lo trataban de una manera adecuada para su edad?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
22. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud le mantuvieron a usted informado sobre lo que se estaba haciendo por su niño?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
23. Entre las pruebas que se hacen en el hospital se pueden incluir pruebas de sangre y rayos X. Durante esta vez que estuvo en el hospital, ¿le hicieron alguna prueba a su niño?
- Sí → **Si contestó “Sí”, pase al #24**
 - No → **Si contestó “No”, pase al #25**
24. ¿Con qué frecuencia los proveedores de salud le daban a usted toda la información que usted quería sobre los resultados de estas pruebas?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

LA ATENCIÓN DE SU NIÑO EN ESTE HOSPITAL

25. Durante esta vez que estuvo en el hospital, ¿usted o su niño usó alguna vez el botón para llamar a la enfermera?
- Sí → **Si contestó “Sí”, pase al #26**
 - No → **Si contestó “No”, pase al #27**

26. Después de usar el botón para llamar a la enfermera, ¿con qué frecuencia los atendían tan pronto como usted o su niño quería?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
27. Durante esta vez que estuvo en el hospital, ¿le dieron a su niño alguna medicina?
- Sí → **Si contestó “Sí”, pase al #28**
 - No → **Si contestó “No”, pase al #29**
28. Antes de darle a su niño cualquier medicina, ¿con qué frecuencia los proveedores de salud u otros miembros del personal del hospital le revisaban la pulsera de identificación o confirmaban su identidad de alguna otra manera?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
29. Entre los errores que pueden suceder en la atención médica de su niño se pueden incluir darle la medicina incorrecta o hacerle la cirugía equivocada. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud u otros miembros del personal del hospital le dijeron a usted cómo reportar cualquier duda que tuviera acerca de errores en la atención médica de su niño?
- Sí, definitivamente
 - Sí, algo
 - No
30. Durante esta vez que estuvo en el hospital, ¿tuvo su niño algún dolor que necesitara medicinas u otro tratamiento?
- Sí → **Si contestó “Sí”, pase al #31**
 - No → **Si contestó “No”, pase al #32**
31. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud u otros miembros del personal del hospital preguntaron por el dolor que sentía su niño tan seguido como su niño necesitaba?
- Sí, definitivamente
 - Sí, algo
 - No

EL AMBIENTE EN ESTE HOSPITAL

32. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían limpios el cuarto y el baño de su niño?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
33. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor del cuarto de su niño por la noche?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
34. Los hospitales pueden tener cosas como juguetes, libros, móviles y juegos para niños desde recién nacidos hasta adolescentes. Durante esta vez que estuvo en el hospital, ¿tenía el hospital cosas disponibles para su niño que fueran adecuadas para su edad?
- Sí, definitivamente
 - Sí, algo
 - No

CUANDO SU NIÑO SALIÓ DE ESTE HOSPITAL

35. Recuerde que un proveedor de salud del hospital puede ser un doctor, una enfermera, una enfermera especialista o un asistente médico. Antes de que su niño saliera del hospital, ¿un proveedor de salud le preguntó si tenía usted dudas sobre si su niño estaba en condiciones de irse?
- Sí, definitivamente
 - Sí, algo
 - No
36. Antes de que su niño saliera del hospital, ¿un proveedor de salud habló con usted tanto como usted quería sobre cómo debía cuidar de la salud de su niño después de que se fuera del hospital?
- Sí, definitivamente
 - Sí, algo
 - No

37. Antes de que su niño saliera del hospital, ¿un proveedor de salud le dijo a usted que su niño tenía que tomar alguna medicina nueva que no estaba tomando cuando empezó esta estancia en el hospital?
- Sí → Si contestó “Sí”, pase al #38
 - No → Si contestó “No”, pase al #40
38. Antes de que su niño saliera del hospital, ¿un proveedor de salud o un farmacéutico del hospital le explicó a usted de una manera fácil de entender cómo su hijo debía tomar estas nuevas medicinas después de salir del hospital?
- Sí, definitivamente
 - Sí, algo
 - No
39. Antes de que su niño saliera del hospital, ¿un proveedor de salud o un farmacéutico del hospital le explicó a usted de una manera fácil de entender los efectos secundarios posibles de estas nuevas medicinas?
- Sí, definitivamente
 - Sí, algo
 - No
40. Entre las actividades normales de un niño se pueden incluir el comer, bañarse, ir a la escuela o hacer deportes. Antes de que su niño saliera del hospital, ¿un proveedor de salud le explicó a usted de una manera fácil de entender cuándo podría su niño volver a sus actividades normales?
- Sí, definitivamente
 - Sí, algo
 - No
41. Antes de que su niño saliera del hospital, ¿un proveedor de salud le explicó a usted de una manera fácil de entender los síntomas o problemas de salud a los que usted debía poner atención cuando su niño se fuera del hospital?
- Sí, definitivamente
 - Sí, algo
 - No
42. Antes de que su niño saliera del hospital, ¿recibió usted información por escrito sobre los síntomas o problemas de salud a los que usted debía poner atención cuando su niño se fuera del hospital?
- Sí, definitivamente
 - Sí, algo
 - No

LOS ADOLESCENTES EN ESTE HOSPITAL

43. Durante esta vez que estuvo en el hospital, ¿tenía su niño 13 años o más?
- Sí → Si contestó “Sí”, pase al #44
 - No → Si contestó “No”, pase al #47
44. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud dejaron participar a su niño en las conversaciones sobre su atención médica?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre
45. Antes de que su niño saliera del hospital, ¿un proveedor de salud le preguntó a su niño si tenía dudas sobre si estaba en condiciones de irse?
- Sí, definitivamente
 - Sí, algo
 - No
46. Antes de que su niño saliera del hospital, ¿un proveedor de salud habló con su niño sobre cómo cuidar de su salud después de salir del hospital?
- Sí, definitivamente
 - Sí, algo
 - No

CALIFICACIÓN GENERAL DE ESTE HOSPITAL

Le recordamos que conteste las siguientes preguntas sobre el niño y el hospital indicados en la carta de presentación de esta encuesta. No incluya en sus respuestas ninguna otra estancia en un hospital aparte de ésta.

47. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría usted para calificar este hospital durante esta vez en que su niño estuvo en el hospital?
- 0 El peor hospital posible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 El mejor hospital posible

48. ¿Les recomendaría este hospital a sus amigos y familiares?
- Definitivamente no
 - Probablemente no
 - Probablemente sí
 - Definitivamente sí

ACERCA DE SU NIÑO

49. En general, ¿cómo calificaría toda la salud de su niño?
- Excelente
 - Muy buena
 - Buena
 - Regular
 - Mala
50. ¿Es su niño de origen hispano, latino o español? Marque todas las opciones que correspondan.
- No, ni de origen hispano, ni latino, ni español
 - Sí, de origen mexicano, mexicano-americano, chicano
 - Sí, de origen puertorriqueño
 - Sí, de origen cubano
 - Sí, de otro origen hispano, latino o español
51. ¿Cómo describiría la raza de su niño? Marque todas las opciones que correspondan.
- Blanca
 - Negra o afroamericana
 - Asiática
 - Nativa de Hawai o de otras islas del Pacífico
 - Indígena americana o nativa de Alaska

ACERCA DE USTED

52. ¿Cuál es su parentesco con el niño?
- Madre
 - Padre
 - Abuela
 - Abuelo
 - Otro familiar o tutor legal
 - Otra persona → *Escriba en letras de molde:*

53. ¿Qué edad tiene usted?
- Menos de 18 años
 - Entre 18 y 24 años
 - Entre 25 y 34 años
 - Entre 35 y 44 años
 - Entre 45 y 54 años
 - Entre 55 y 64 años
 - Entre 65 y 74 años
 - 75 o más

54. ¿Cuál es el grado o nivel escolar más alto que ha **completado**?
- 8 años de escuela o menos
 - Unos años de secundaria, pero sin graduarse
 - Graduado de la escuela secundaria, diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
 - Algunos cursos universitarios o un título de un programa universitario de 2 años
 - Título universitario de 4 años
 - Título universitario de más de 4 años

55. ¿En qué idioma prefiere hablar?
- Inglés
 - Español
 - Chino
 - Vietnamita
 - Coreano
 - Ruso
 - Otro idioma → *Escriba en letras de molde:*

56. Durante esta vez que su niño estuvo en el hospital, ¿cuánto tiempo pasó usted en el hospital?
- Ningún tiempo
 - Poco tiempo
 - Algún tiempo
 - La mayor parte del tiempo
 - Todo o casi todo el tiempo

57. ¿Le gustaría agregar algo más acerca de la atención que su niño recibió durante esta vez que estuvo en el hospital?
- _____
- _____
- _____
- _____
- _____

MUCHAS GRACIAS

Appendix H: Child HCAHPS Telephone Survey Materials

Child HCAHPS Telephone Script – English

Initiating Contact

START Hello, may I please speak to a parent or guardian of [SAMPLED CHILD NAME]?

<1> YES [GO TO **INTRO**]

<2> NO [GO TO **REFUSAL**]

<3> NO, NOT AVAILABLE RIGHT NOW [GO TO **SET CALLBACK**]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling on behalf of [HOSPITAL NAME] from [DATA COLLECTION CONTRACTOR]. We are conducting a survey about health care. Is a parent or guardian of [SAMPLED CHILD NAME] available?

IF ASKED WHETHER PERSON CAN SERVE AS A PROXY FOR NAMED PARENT OR GUARDIAN:

For this survey, we would like to speak with the person who knows the most about the health care of [NAME OF SAMPLED CHILD]. This can be any parent or guardian of [CHILD NAME]. Is a parent or guardian of [SAMPLED CHILD NAME] available?

SET CALLBACK

IF A PARENT OR GUARDIAN OF [SAMPLED CHILD NAME] IS NOT AVAILABLE:

What would be a convenient time for me to call back to speak with (him/her)?

IF A PARENT OR GUARDIAN OF [SAMPLED CHILD NAME] SAYS THIS IS NOT A GOOD TIME:

If you don't have the time now, when is a more convenient time to call you back?

REFUSAL Thank you for your time. Have a good (day/evening).

Speaking with Parent or Guardian of Sampled Patient INTRO

Hi, this is [INTERVIEWER NAME] calling on behalf of [HOSPITAL NAME].

[HOSPITAL NAME] is participating in a survey about the care children and their families receive in the hospital. This survey is part of a national effort to measure the quality of care in hospitals. Your anonymous answers may also be shared with the hospital for purposes of quality improvement.

Participation in the survey is completely voluntary and will not affect your or your family's health care or benefits. It should take about [~15 MINUTES] to answer.

This call may be monitored [recorded] for quality improvement purposes.

I'd like to begin the survey now, is this a good time for us to continue?

S1 Our records show that [NAME OF SAMPLED CHILD] was discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES [GO TO **Q1_INTRO**]
- <2> NO [GO TO **INTEL1**]
- <3> DON'T KNOW [GO TO **INTEL1**]
- <4> REFUSAL [GO TO **INTEL1**]

Confirming Ineligible Patients INTEL1:

Was [NAME OF SAMPLED CHILD] ever at this hospital?

- <1> YES [GO TO **INTEL2**]
- <0> NO [GO TO **INTEL_END**]

INTEL2: Was [NAME OF SAMPLED CHILD] a patient at this hospital in the last year?

- <1> YES [GO TO **INTEL3**]
- <0> NO [GO TO **INTEL_END**]

INTEL3: When was this?

IF [ANY DATE] WAS WITHIN TWO WEEKS OF [DISCHARGE DATE], GO TO **Q1_INTRO**; OTHERWISE, GO TO **INTEL_END**.

INTEL_END: Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

Begin Child HCAHPS Questions

Q1_INTRO Please answer the questions in this survey about the child and hospital I just named. When thinking about your answers, do not include any other hospital stays. The first questions are about when your child was admitted to this hospital.

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 Was your child born during this hospital stay?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES [GO TO **Q13**]

<0> NO

<97> DON'T KNOW

<98> MISSING

Q2 For this hospital stay, was your child admitted through this hospital's Emergency Room?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<0> NO [GO TO Q4]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q2= "99- NOT APPLICABLE"]

Q3 While your child was in the Emergency Room, were you kept informed about what was being done for your child? Would you say...

<9> I was not at the hospital when my child was in the Emergency Room,

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q3= "99- NOT APPLICABLE" OR IF Q2= "0- NO" THEN Q3="99- NOT APPLICABLE" OR IF Q2= "97- DON'T KNOW" THEN Q3= "98- MISSING" OR IF Q2= "98- MISSING" THEN Q3= "98- MISSING "]

Q4 During the first day of this hospital stay, were you asked to list or review all of the prescription medicines your child was taking at home? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q4= "99- NOT APPLICABLE"]

Q5 During the first day of this hospital stay, were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines your child was taking at home? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q5= "99- NOT APPLICABLE"]

Q6_INTRO The rest of the questions are about your child's care after being admitted to this hospital.

If your child was admitted through the Emergency Room, do not include what happened in the Emergency Room as you answer the rest of the questions.

If child is 2-years-old or younger based on administrative data, then Q6= No (0) and go to Q13.

Q6 Is your child able to talk with nurses and doctors about his or her health care?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> YES

<0> NO [GO TO **Q13**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q6= "99- NOT APPLICABLE"]

Q7_INTRO The next questions ask about your child's experience during this hospital stay.

You will be asked about your own experience during this hospital stay in later questions. The first questions are about your child's experiences with nurses.

Q7 During this hospital stay, how often did your child's nurses listen carefully to your child? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q7= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q7= "98- MISSING"]

Q8 During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q8= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q8= "98- MISSING"]

Q9 During this hospital stay, how often did your child's nurses encourage your child to ask questions? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q9= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q9= "98- MISSING"]

Q10_INTRO The next questions are about your child's experiences with doctors.

Q10 During this hospital stay, how often did your child's doctors listen carefully to your child?
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q10= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q10= "98- MISSING"]

Q11 During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q11= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q11= "98- MISSING"]

Q12 During this hospital stay, how often did your child's doctors encourage your child to ask questions? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "0- NO"

THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q12= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q12= "98- MISSING"]

Q13_INTRO The next questions are about your experiences with nurses.

Q13 During this hospital stay, how often did your child's nurses listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q14 During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q15 During this hospital stay, how often did your child's nurses treat you with courtesy and respect? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q16_INTRO The next questions are about your experiences with doctors.

Q16 During this hospital stay, how often did your child's doctors listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q17 During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q18 During this hospital stay, how often did your child's doctors treat you with courtesy and respect? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q19_INTRO The next questions are about your experience with providers.

Q19 A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q20 Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

<97> DON'T KNOW

<98> MISSING

Q21 During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q22 During this hospital stay, how often did providers keep you informed about what was being done for your child? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q23 Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES

<0> NO [GO TO **Q25**]

<97> DON'T KNOW

<98> MISSING

Q24 How often did providers give you as much information as you wanted about the results of these tests? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q23= "0- NO" THEN Q24= "99- NOT APPLICABLE" OR IF Q23= "97- DON'T KNOW" THEN Q24= "98- MISSING" OR IF Q23= "98- MISSING" THEN Q24= "98- MISSING"]

Q25_INTRO The next questions are about your child's care in this hospital.

Q25 During this hospital stay, did you or your child ever press the call button?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> YES

<0> NO [GO TO **Q27**]

<97> DON'T KNOW

<98> MISSING

Q26 After pressing the call button, how often was help given as soon as you or your child wanted it? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q25= "0- NO" THEN Q26= "99- NOT APPLICABLE" OR IF Q25= "97- DON'T KNOW" THEN Q26= "98- MISSING" OR IF Q25= "98- MISSING" THEN Q26= "98- MISSING"]

Q27 During this hospital stay, was your child given any medicine?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> YES

<0> NO [GO TO **Q29**]

<97> DON'T KNOW

<98> MISSING

Q28 Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way? Would you say...

<1> Never,

<2> Sometimes,
<3> Usually, or
<4> Always?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q27= "0- NO" THEN Q28= "99- NOT APPLICABLE" OR IF Q27= "97- DON'T KNOW" THEN Q28= "98- MISSING" OR IF Q27= "98- MISSING" THEN Q28= "98- MISSING"]

Q29 Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care? Would you say...
<3> Yes, definitely,
<2> Yes, somewhat, or
<1> No?

<97> DON'T KNOW
<98> MISSING

Q30 During this hospital stay, did your child have pain that needed medicine or other treatment?
READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**
<1> YES
<0> NO [GO TO Q32]

<97> DON'T KNOW
<98> MISSING

Q31 During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed? Would you say...
<3> Yes, definitely,
<2> Yes, somewhat, or
<1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q30= "0- NO" THEN Q31= "99- NOT APPLICABLE" OR IF Q30= "97- DON'T KNOW" THEN Q31= "98- MISSING" OR IF Q30= "98- MISSING" THEN Q31= "98- MISSING"]

Q32_INTRO The next questions are about the hospital environment.

Q32 During this hospital stay, how often were your child's room and bathroom kept clean?

Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q33 During this hospital stay, how often was the area around your child's room quiet at night?

Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q34 Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age? Would you say...

- <3> Yes, definitely,
- <2> Yes, somewhat, or
- <1> No?

<97> DON'T KNOW

<98> MISSING

Q35_INTRO The next questions are about when your child left the hospital.

Q35 As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave? Would you say...

- <3> Yes, definitely,
- <2> Yes, somewhat, or

<1> No?

<97> DON'T KNOW

<98> MISSING

Q36 Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

<97> DON'T KNOW

<98> MISSING

Q37 Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began? READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES

<0> NO [GO TO **Q40**]

<97> DON'T KNOW

<98> MISSING

Q38 Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q38= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q38= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q38= "98- MISSING"]

Q39 Before your child left the hospital, did a provider or hospital pharmacist explain in a

way that was easy to understand about possible side effects of these new medicines?

Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q39= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q39= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q39= "98- MISSING"]

Q40 A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

Q41 Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after leaving the hospital? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

<97> DON'T KNOW

<98> MISSING

Q42 Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

<97> DON'T KNOW

<98> MISSING

If child is 12-years-old or younger based on administrative data, then Q43= No (0) and go to Q47.

Q43_INTRO The next questions are about teens in the hospital.

Q43 During this hospital stay, was your child 13 years old or older? READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> YES

<0> NO [GO TO **Q47**]

<97> DON'T KNOW

<98> MISSING

Q44 During this hospital stay, how often did providers involve your child in discussions about his or her health care? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q44= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q44= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q44= "98- MISSING"]

Q45 Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q45= "99- NOT APPLICABLE" OR IF Q43= "97-

DON'T KNOW" THEN Q45= "98- MISSING"OR IF Q43= "98- MISSING" THEN Q45= "98- MISSING"]

Q46 Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q46= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q46= "98- MISSING"OR IF Q43= "98- MISSING" THEN Q46= "98- MISSING"]

Q47_INTRO The next questions are about your overall rating of this hospital. As a reminder, please answer the questions about the child and hospital named at the beginning of this interview. Do not include any other hospital stays in your answers.

Q47 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 child's stay?

<0> 0

<1> 1

<2> 1

<3> 3

<4> 4

<5> 5

<6> 6

<7> 7

<8> 8

<9> 9

<10> 10

<97> DON'T KNOW

<98> MISSING

Q48 Would you recommend this hospital to your friends and family? Would you say...

<1> Definitely no,

<2> Probably no,

<3> Probably yes, or

<4> Definitely yes?

<97> DON'T KNOW

<98> MISSING

Q49_INTRO The next questions are about your child.

Q49 In general, how would you rate your child's overall health? Would you say that it is...

<5> Excellent,

<4> Very Good,

<3> Good,

<2> Fair, or

<1> Poor?

<97> DON'T KNOW

<98> MISSING

[FOR TELEPHONE INTERVIEWING, QUESTION 50 IS BROKEN INTO PARTS A-E].

READ ALL ETHNICITY CATEGORIES PAUSING AT EACH ETHNICITY CATEGORY TO ALLOW PATIENT TO REPLY TO EACH ETHNICITY CATEGORY.

IF PATIENT REPLIES: "WHY ARE YOU ASKING MY CHILD'S ETHNICITY?"

We ask about your child's ethnicity for demographic purposes. We want to be sure that the people we survey accurately represent the ethnic diversity in this country.

IF THE PATIENT REPLIES: "I HAVE ALREADY TOLD YOU MY CHILD'S ETHNICITY."

I understand, however the survey requires me to ask about all ethnicities so results can include people who are multi-ethnic. If the ethnicity does not apply to your child please answer no. Thanks for your patience.

Q50 Is your child of Hispanic, Latino, or Spanish origin?

<1> YES/OF HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO **Q50B_INTRO**]

<0> NO/NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO **Q51_INTRO**]

<97> DON'T KNOW

<98> MISSING

Q50B_INTRO I am now going to ask you more about your child's Hispanic, Latino, or Spanish origin. I will read you a list of choices. You may choose one or more. Please answer "yes" or "no" for each.

Q50B Is your child Mexican, Mexican American, or Chicano?

<1> YES/MEXICAN, MEXICAN AMERICAN, OR CHICANO [GO TO **Q50C**]
<0> NO/NOT MEXICAN, MEXICAN AMERICAN, OR CHICANO [GO TO **Q50C**]

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50B= "99- NOT APPLICABLE"]

Q50C Is your child Puerto Rican?

<1> YES/PUERTO RICAN [GO TO **Q50D**]
<0> NO/NOT PUERTO RICAN [GO TO **Q50D**]

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50C= "99- NOT APPLICABLE"]

Q50D Is your child Cuban?

<1> YES/CUBAN [GO TO **Q50E**]
<0> NO/NOT CUBAN [GO TO **Q50E**]

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50D= "99- NOT APPLICABLE"]

Q50E Is your child of another Hispanic, Latino, or Spanish ethnicity?

<1> YES/ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO **Q51**]
<0> NO/NOT ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO **Q51**]

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50E= "99- NOT APPLICABLE"]

[FOR TELEPHONE INTERVIEWING, QUESTION 51 IS BROKEN INTO PARTS A-E].

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF PATIENT REPLIES: "WHY ARE YOU ASKING MY CHILD'S RACE?"

We ask about your child's race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity in this country.

IF THE PATIENT REPLIES: "I HAVE ALREADY TOLD YOU MY CHILD'S RACE."

I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to your child please answer no. Thanks for your patience.

Q51_INTRO I am now going to ask you about how you would describe your child's race. I will read you a list of choices. You may choose one or more. Please answer "yes" or "no" for each.

Q51A Would you describe your child's race as White?

<1> YES/WHITE

<0> NO/NOT WHITE

<97> DON'T KNOW

<98> MISSING

Q51B Would you describe your child's race as Black or African American?

<1> YES/BLACK OR AFRICAN AMERICAN

<0> NO/NOT BLACK OR AFRICAN AMERICAN

<97> DON'T KNOW

<98> MISSING

Q51C Would you describe your child's race as Asian?

<1> YES/ASIAN

<0> NO/NOT ASIAN

<97> DON'T KNOW

<98> MISSING

Q51D Would you describe your child's race as Native Hawaiian or other Pacific Islander?

<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<97> DON'T KNOW

<98> MISSING

Q51E Would you describe your child's race as American Indian or Alaska Native?

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE
<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<97> DON'T KNOW
<98> MISSING

Q52_INTRO The last set of questions is about you.

Q52 How are you related to the child?

READ ANSWER CHOICES 1-6 ONLY ***IF NECESSARY***

<1> MOTHER, [GO TO **Q53**]
<2> FATHER, [GO TO **Q53**]
<3> GRANDMOTER, [GO TO **Q53**]
<4> GRANDFATHER, [GO TO **Q53**]
<5> OTHER RELATIVE OR LEGAL GUARDIAN, or [GO TO **Q53**]
<6> SOMEONE ELSE [GO TO **Q52B**]

<97> DON'T KNOW
<98> MISSING

Q52B How are you related to the child?

[NOTE: PLEASE DOCUMENT RELATIONSHIP AND MAINTAIN IN YOUR INTERNAL RECORDS].

Q53 What is your age?

READ ANSWER CHOICES 1-8 ONLY ***IF NECESSARY***

<1> Under 18,
<2> 18-24,
<3> 25-34,
<4> 35-44,
<5> 45-54,
<6> 55-64,
<7> 65-74, or
<8> 75 or Older?

<97> DON'T KNOW
<98> MISSING

Q54 What is the highest grade or level of school that you have completed? Did you...

<1> Complete the 8th Grade or less,

- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than 4-year college degree?

<97> DON'T KNOW

<98> MISSING

Q55 What is your preferred language? Would you say you prefer to speak...

- <1> English, [GO TO **Q56**]
- <2> Spanish, [GO TO **Q56**]
- <3> Chinese, [GO TO **Q56**]
- <4> Vietnamese, [GO TO **Q56**]
- <5> Korean, [GO TO **Q56**]
- <6> Russian, or [GO TO **Q56**]
- <7> Some Other Language? [GO TO **Q55B**]

<97> DON'T KNOW

<98> MISSING

Q55B What other language is your preferred language?

[NOTE: PLEASE DOCUMENT LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS].

Q56 During your child's hospital stay, how much of the time were you at the hospital?

Would you say...

- <1> None of the time,
- <2> A little of the time,
- <3> Some of the time,
- <4> Most of the time, or
- <5> All or nearly all of the time?

<97> DON'T KNOW

<98> MISSING

Q57 Is there anything else you would like to say about the care your child received during this hospital stay?

[NOTE: PLEASE DOCUMENT ANY COMMENTS AND MAINTAIN IN YOUR INTERNAL RECORDS].

END: Those are all the questions I have. Thank you for your time. Have a good (day/evening).

Child HCAHPS Telephone Script – Spanish

Initiating Contact

START Buenos días / Buenas tardes(noches), ¿podría hablar con uno de los padres o el tutor de [SAMPLED CHILD NAME]?

<1> YES [GO TO **INTRO**]

<2> NO [GO TO **REFUSAL**]

<3> NO, NOT AVAILABLE RIGHT NOW [GO TO **SET CALLBACK**]

IF ASKED WHO IS CALLING:

Le habla [INTERVIEWER NAME] y llamo de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Estamos llevando a cabo una encuesta sobre la atención médica. ¿Puedo hablar con uno de los padres o el tutor de [SAMPLED CHILD NAME]?

IF ASKED WHETHER PERSON CAN SERVE AS A PROXY FOR NAMED PARENT OR GUARDIAN:

Para esta encuesta, nos gustaría hablar con la persona que sabe más sobre la atención médica de [NAME OF SAMPLED CHILD]. Esta persona puede ser cualquiera de los padres o el tutor de [CHILD NAME]. ¿Está disponible alguno de los padres o el tutor de [SAMPLED CHILD NAME]?

SET CALLBACK

IF A PARENT OR GUARDIAN OF [SAMPLED CHILD NAME] IS NOT AVAILABLE:

¿A qué hora sería conveniente volver a llamar para hablar con él/ella?

IF A PARENT OR GUARDIAN OF [SAMPLED CHILD NAME] SAYS THIS IS NOT A GOOD TIME:

Si usted no tiene tiempo ahora, ¿a qué hora sería conveniente que volviera a llamarlo(a)?

REFUSAL Gracias por su tiempo. Que tenga usted un buen día/muy buena tarde/muy buenas noches.

Speaking with Parent or Guardian of Sampled Patient

INTRO Buenos días / Buenas tardes(noches), le habla [INTERVIEWER NAME] y llamo de parte de [HOSPITAL NAME]. [HOSPITAL NAME] está participando en una encuesta sobre la atención que los niños y sus familias reciben en el hospital. Esta encuesta es parte de un esfuerzo nacional para evaluar la calidad de la atención médica en los hospitales. Es posible que para propósitos de control de calidad, compartamos sus respuestas, que serán anónimas, con el hospital. La participación en esta encuesta es absolutamente voluntaria y no afectará en ningún modo la atención médica o beneficios de usted o su familia. Debería tardar unos [~15 MINUTOS] en contestarla.

Esta llamada podría ser monitoreada o grabada con fines de mejorar la calidad.

Ahora me gustaría empezar la encuesta, ¿le parece un buen momento para que continuemos?

S1 Nuestros registros indican que a [NAME OF SAMPLED CHILD] lo/la dieron de alta del [HOSPITAL NAME] más o menos el [DISCHARGE DATE]. ¿Es correcto?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

- <1> YES [GO TO Q1_INTRO]
- <2> NO [GO TO INTEL1]
- <3> DON'T KNOW [GO TO INTEL1]
- <4> REFUSAL [GO TO INTEL1]

Confirming Ineligible Patients

INTEL1: ¿Estuvo [NAME OF SAMPLED CHILD] alguna vez en este hospital?

- <1> YES [GO TO INTEL2]
- <0> NO [GO TO INTEL_END]

INTEL2: ¿Estuvo [NAME OF SAMPLED CHILD] internado(a) en este hospital en el último año?

- <1> YES [GO TO INTEL3]
- <0> NO [GO TO INTEL_END]

INTEL3: ¿Cuándo fue esto?

IF [ANY DATE] WAS WITHIN TWO WEEKS OF [DISCHARGE DATE], GO TO Q1_INTRO;
OTHERWISE, GO TO INTEL_END.

INTEL_END: Gracias por su tiempo. Al parecer ha habido un error. Que tenga usted un buen día/muy buena tarde/muy buenas noches.

Begin Child HCAHPS Questions

Q1_INTRO Por favor conteste las preguntas de esta encuesta respecto al niño y al hospital que acabamos de mencionar. Cuando piense en sus respuestas, no incluya ninguna otra vez que haya estado en un hospital. Las primeras preguntas son sobre cuando su niño/a fue admitido(a) en el hospital.

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 ¿Nació su niño durante esta vez que estuvo en el hospital?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

- <1> SÍ [GO TO Q13]
- <0> NO

<97> DON'T KNOW

<98> MISSING

Q2 Esta vez que estuvo en el hospital, ¿admitieron a su niño a través de la Sala de Emergencias de este hospital?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

- <1> SÍ
- <0> NO [GO TO Q4]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q2= "99- NOT APPLICABLE"]

Q3 Mientras su niño estaba en la Sala de Emergencias, ¿le mantuvieron a usted informado(a) sobre lo que se estaba haciendo por su niño? ¿Diría usted que...

<9> Yo no estaba en el hospital cuando mi niño estuvo en la Sala de Emergencias,

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q3= "99- NOT APPLICABLE" OR IF Q2= "0- NO" THEN Q3="99- NOT APPLICABLE" OR IF Q2= "97- DON'T KNOW" THEN Q3= "98- MISSING" OR IF Q2= "98- MISSING" THEN Q3= "98- MISSING "]

Q4 Durante el primer día de esta vez que su niño estuvo en el hospital, ¿le pidieron a usted que listara o revisara todas las **medicinas recetadas** que su niño estaba tomando en casa? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q4= "99- NOT APPLICABLE"]

Q5 Durante el primer día de esta vez que su niño estuvo en el hospital, ¿le pidieron a usted que listara o revisara todas **las vitaminas, medicinas a base de plantas medicinales y medicinas de venta sin receta** que su niño estaba tomando en casa? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q5= "99- NOT APPLICABLE"]

Q6_INTRO El resto de las preguntas son sobre la atención de su niño después de que lo admitieron en este hospital. Si a su niño lo admitieron a través de la Sala de Emergencias, no incluya nada de lo que pasó en la Sala de Emergencias al contestar el resto de las preguntas.

If child is 2-years-old or younger based on administrative data, then Q6= No (0) and go to Q13.

Q6 ¿Su niño puede hablar con las enfermeras y los doctores sobre la atención médica que recibe?
READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> Sí

<0> NO [GO TO **Q13**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q6= "99- NOT APPLICABLE"]

Q7_INTRO Las siguientes preguntas son sobre la experiencia de su niño/a durante esta vez que estuvo en el hospital. Le preguntaremos a usted por sus propias experiencias durante esta vez que estuvo en el hospital en otras preguntas más adelante. Las siguientes preguntas son sobre la experiencia que tuvo su niño con las enfermeras.

Q7 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño escuchaban a su niño con atención? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q7= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q7= "98- MISSING"]

Q8 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le explicaban a su niño las cosas de una manera fácil de entender? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q8= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q8= "98- MISSING"]

Q9 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño animaban a su niño a que hiciera preguntas? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q9= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q9= "98- MISSING"]

Q10_INTRO Las preguntas siguientes son acerca de la experiencia que tuvo su niño con los doctores.

Q10 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño escuchaban a su niño con atención? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q10= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q10= "98- MISSING"]

Q11 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le explicaban a su niño las cosas de una manera fácil de entender? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q11= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q11= "98- MISSING"]

Q12 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño animaban a su niño a que hiciera preguntas? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q12= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q12= "98- MISSING"]

Q13_INTRO Las siguientes preguntas son acerca de la experiencia que tuvo usted con las enfermeras.

Q13 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le escuchaban a usted con atención? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q14 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le explicaban a usted las cosas de una manera fácil de entender? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q15 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le trataban a usted con cortesía y respeto? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,

<3> La mayoría de las veces, o
<4> Siempre?

<97> DON'T KNOW
<98> MISSING

Q16_INTRO Las preguntas siguientes son acerca de la experiencia que tuvo usted con los doctores.

Q16 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le escuchaban a usted con atención? ¿Diría usted que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<97> DON'T KNOW
<98> MISSING

Q17 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le explicaban a usted las cosas de una manera fácil de entender? ¿Diría usted que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<97> DON'T KNOW
<98> MISSING

Q18 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le trataban a usted con cortesía y respeto? ¿Diría usted que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

<97> DON'T KNOW
<98> MISSING

Q19_INTRO Las siguientes preguntas son sobre su experiencia con los proveedores de salud

Q19 Un proveedor de salud del hospital puede ser un doctor, una enfermera, una enfermera especialista o un asistente médico. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le dieron toda la privacidad que usted quería cuando hablaba sobre la atención o el tratamiento de su niño con los proveedores de salud? ¿Diría usted que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o

<4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q20 Las cosas que la familia puede saber mejor sobre un niño incluyen la manera en que actúa normalmente, qué le hace sentirse a gusto y cómo calmar sus miedos. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud le preguntaron a usted sobre este tipo de cosas? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

<97> DON'T KNOW

<98> MISSING

Q21 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud hablaban con su niño y lo trataban de una manera adecuada para su edad? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q22 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud le mantuvieron a usted informado sobre lo que se estaba haciendo por su niño? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q23 Entre las pruebas que se hacen en el hospital se pueden incluir pruebas de sangre y rayos X. Durante esta vez que estuvo en el hospital, ¿le hicieron alguna prueba a su niño?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> Sí

<0> NO [GO TO **Q25**]

<97> DON'T KNOW

<98> MISSING

Q24 ¿Con qué frecuencia los proveedores de salud le daban a usted toda la información que usted quería sobre los resultados de estas pruebas? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q23= "0- NO" THEN Q24= "99- NOT APPLICABLE" OR IF Q23= "97- DON'T KNOW" THEN Q24= "98- MISSING" OR IF Q23= "98- MISSING" THEN Q24= "98- MISSING"]

Q25_INTRO Las siguientes preguntas son acerca de la atención de su niño en este hospital.

Q25 Durante esta vez que estuvo en el hospital, ¿usted o su niño usó alguna vez el botón para llamar a la enfermera?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> Sí

<0> NO [GO TO **Q27**]

<97> DON'T KNOW

<98> MISSING

Q26 Después de usar el botón para llamar a la enfermera, ¿con qué frecuencia los atendían tan pronto como usted o su niño quería? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q25= "0- NO" THEN Q26= "99- NOT APPLICABLE" OR IF Q25= "97- DON'T KNOW" THEN Q26= "98- MISSING" OR IF Q25= "98- MISSING" THEN Q26= "98- MISSING"]

Q27 Durante esta vez que estuvo en el hospital, ¿le dieron a su niño alguna medicina?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> Sí

<0> NO [GO TO **Q29**]

<97> DON'T KNOW

<98> MISSING

Q28 Antes de darle a su niño cualquier medicina, ¿con qué frecuencia los proveedores de salud u otros miembros del personal del hospital le revisaban la pulsera de identificación o confirmaban su identidad de alguna otra manera? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q27= "0- NO" THEN Q28= "99- NOT APPLICABLE" OR IF Q27= "97- DON'T KNOW" THEN Q28= "98- MISSING" OR IF Q27= "98- MISSING" THEN Q28= "98- MISSING"]

Q29 Entre los errores que pueden suceder en la atención médica de su niño se pueden incluir darle la medicina incorrecta o hacerle la cirugía equivocada. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud u otros miembros del personal del hospital le dijeron a usted cómo reportar cualquier duda que tuviera acerca de errores en la atención médica de su niño? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

<97> DON'T KNOW

<98> MISSING

Q30 Durante esta vez que estuvo en el hospital, ¿tuvo su niño algún dolor que necesitara medicinas u otro tratamiento?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> Sí

<0> NO [GO TO **Q32**]

<97> DON'T KNOW

<98> MISSING

Q31 Durante esta vez que estuvo en el hospital, ¿los proveedores de salud u otros miembros del personal del hospital preguntaron por el dolor que sentía su niño tan seguido como su niño necesitaba? Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q30= "0- NO" THEN Q1= "99- NOT APPLICABLE" OR IF Q30= "97- DON'T KNOW" THEN Q31= "98- MISSING" OR IF Q30= "98- MISSING" THEN Q31= "98- MISSING"]

Q32_INTRO Las preguntas siguientes son acerca del ambiente en este hospital.

Q32 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían limpios el cuarto y el baño de su niño? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q33 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor del cuarto de su niño por la noche? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q34 Los hospitales pueden tener cosas como juguetes, libros, móviles y juegos para niños desde recién nacidos hasta adolescentes. Durante esta vez que estuvo en el hospital, ¿tenía el hospital cosas disponibles para su niño que fueran adecuadas para su edad? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

<97> DON'T KNOW

<98> MISSING

Q35_INTRO Las preguntas siguientes son acerca de cuando su niño salió de este hospital.

Q35 Recuerde que un proveedor de salud del hospital puede ser un doctor, una enfermera, una enfermera especialista o un asistente médico. Antes de que su niño saliera del hospital, ¿un proveedor de salud le preguntó si tenía usted dudas sobre si su niño estaba en condiciones de irse? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

<97> DON'T KNOW

<98> MISSING

Q36 Antes de que su niño saliera del hospital, ¿un proveedor de salud habló con usted tanto como usted quería sobre cómo debía cuidar de la salud de su niño después de que se fuera del hospital? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

<97> DON'T KNOW

<98> MISSING

Q37 Antes de que su niño saliera del hospital, ¿un proveedor de salud le dijo a usted que su niño tenía que tomar alguna medicina nueva que no estaba tomando cuando empezó esta estancia en el hospital?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

- <1> Sí
- <0> NO [GO TO **Q40**]

<97> DON'T KNOW

<98> MISSING

Q38 Antes de que su niño saliera del hospital, ¿un proveedor de salud o un farmacéutico del hospital le explicó a usted de una manera fácil de entender cómo su hijo debía tomar estas nuevas medicinas después de salir del hospital? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q38= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q38= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q38= "98- MISSING"]

Q39 Antes de que su niño saliera del hospital, ¿un proveedor de salud o un farmacéutico del hospital le explicó a usted de una manera fácil de entender los efectos secundarios posibles de estas nuevas medicinas? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q39= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q39= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q39= "98- MISSING"]

Q40 Entre las actividades normales de un niño se pueden incluir el comer, bañarse, ir a la escuela o hacer deportes. Antes de que su niño saliera del hospital, ¿un proveedor de salud le explicó a usted de una manera fácil de entender cuándo podría su niño volver a sus actividades normales?

¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

<97> DON'T KNOW

<98> MISSING

Q41 Antes de que su niño saliera del hospital, ¿un proveedor de salud le explicó a usted de una manera fácil de entender los síntomas o problemas de salud a los que usted debía poner atención cuando su niño se fuera del hospital? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

<97> DON'T KNOW

<98> MISSING

Q42 Antes de que su niño saliera del hospital, ¿recibió usted información por escrito sobre los síntomas o problemas de salud a los que usted debía poner atención cuando su niño se fuera del hospital? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

<97> DON'T KNOW

<98> MISSING

If child is 12-years-old or younger based on administrative data, then Q43= No (0) and go to Q47.

Q43_INTRO Las preguntas siguientes son acerca de los adolescentes en este hospital.

Q43 Durante esta vez que estuvo en el hospital, ¿tenía su niño 13 años o más?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> Sí

<0> NO [GO TO **Q47**]

<97> DON'T KNOW

<98> MISSING

Q44 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud dejaron participar a su niño en las conversaciones sobre su atención médica? ¿Diría usted que...

<1> Nunca,

- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q44= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q44= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q44= "98- MISSING"]

Q45 Antes de que su niño saliera del hospital, ¿un proveedor de salud le preguntó a su niño si tenía dudas sobre si estaba en condiciones de irse? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q45= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q45= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q45= "98- MISSING"]

Q46 Antes de que su niño saliera del hospital, ¿un proveedor de salud habló con su niño sobre cómo cuidar de su salud después de salir del hospital? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q46= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q46= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q46= "98- MISSING"]

Q47_INTRO Las siguientes preguntas son sobre la calificación general para este hospital. Le recordamos que conteste las preguntas sobre el niño y el hospital de los que hablamos al principio de esta entrevista. No incluya en sus respuestas ninguna otra estancia en un hospital aparte de ésta.

Q47 Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría usted para calificar este hospital durante esta vez en que su niño estuvo en el hospital?

- <0> 0
- <1> 1

<2> 1
<3> 3
<4> 4
<5> 5
<6> 6
<7> 7
<8> 8
<9> 9
<10> 10

<97> DON'T KNOW
<98> MISSING

Q48 ¿Les recomendaría este hospital a sus amigos y familiares? ¿Diría usted que...

<1> Definitivamente no,
<2> Probablemente no,
<3> Probablemente sí, o
<4> Definitivamente sí?

<97> DON'T KNOW
<98> MISSING

Q49_INTRO Las preguntas siguientes son acerca de su niño.

Q49 En general, ¿cómo calificaría_toda la salud de su niño? ¿Diría usted que es...

<5> Excelente,
<4> Muy buena,
<3> Buena,
<2> Regular, o
<1> Mala?

<97> DON'T KNOW
<98> MISSING

[FOR TELEPHONE INTERVIEWING, QUESTION 50 IS BROKEN INTO PARTS A-E].

READ ALL ETHNICITY CATEGORIES PAUSING AT EACH ETHNICITY CATEGORY TO ALLOW PATIENT TO REPLY TO EACH ETHNICITY CATEGORY.

IF PATIENT REPLIES: "WHY ARE YOU ASKING MY CHILD'S ETHNICITY?"

Le preguntamos el origen étnico de su niño para fines demográficos. Queremos estar seguros de que la gente que entrevistamos representa con exactitud la diversidad étnica de este país.

IF THE PATIENT REPLIES: "I HAVE ALREADY TOLD YOU MY CHILD'S ETHNICITY."

Sí, sí, claro, pero la encuesta requiere que yo le pregunte sobre todas las etnias para que en los resultados puedan incluirse a las personas que tienen varios orígenes étnicos. Cuando una etnia no corresponda a la de su niño, simplemente conteste "No". Gracias por su paciencia.

Q50 ¿Es su niño de origen hispano, latino, o español?

<1> SÍ/DE ORIGEN HISPANO, LATINO, O ESPAÑOL [GO TO **Q50B_INTRO**]

<0> NO/NI DE ORIGEN HISPANO, NI LATINO, NI ESPAÑOL [GO TO **Q51_INTRO**]

<97> DON'T KNOW

<98> MISSING

Q50B_INTRO Ahora voy a preguntarle más sobre el origen hispano, latino o español de su niño. Voy a leerle una lista de opciones. Puede escoger una o más. Conteste “Sí” o “No” para cada una de ellas.

Q50B ¿Es su niño de origen mexicano, mexicano-americano, o chicano?

<1> SÍ/DE ORIGEN MEXICANO, MEXICANO-AMERICANO, O CHICANO [GO TO **Q50C**]

<0> NO/NI DE ORIGEN MEXICANO, NI MEXICANO-AMERICANO, NI CHICANO [GO TO **Q50C**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= “0- NO” THEN Q50B= “99- NOT APPLICABLE”]

Q50C ¿Es su niño de origen puertorriqueño?

<1> SÍ/DE ORIGEN PUERTORRIQUEÑO [GO TO **Q50D**]

<0> NO/NO DE ORIGEN PUERTORRIQUEÑO [GO TO **Q50D**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= “0- NO” THEN Q50C= “99- NOT APPLICABLE”]

Q50D ¿Es su niño de origen cubano?

<1> SÍ/DE ORIGEN CUBANO [GO TO **Q50E**]

<0> NO/NO DE ORIGEN CUBANO [GO TO **Q50E**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= “0- NO” THEN Q50D= “99- NOT APPLICABLE”]

Q50E ¿Es su niño de otro origen hispano, latino, o español?

<1> SÍ/DE OTRO ORIGEN HISPANO, LATINO, O ESPAÑOL

<0> NO/NI DE OTRO ORIGEN HISPANO, NI LATINO, NI ESPAÑOL

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50E= "99- NOT APPLICABLE"]

[FOR TELEPHONE INTERVIEWING, QUESTION 51 IS BROKEN INTO PARTS A-E].

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF PATIENT REPLIES: "WHY ARE YOU ASKING MY CHILD'S RACE?"

Le preguntamos la raza de su niño para fines demográficos. Queremos estar seguros de que la gente que entrevistamos representa con exactitud la diversidad racial de este país.

IF THE PATIENT REPLIES: "I HAVE ALREADY TOLD YOU MY CHILD'S RACE."

Sí, sí, claro, pero la encuesta requiere que yo le pregunte sobre todas las razas para que en los resultados puedan incluirse a las personas que tienen varios orígenes raciales. Cuando una raza no corresponda a la de su niño, conteste "No". Gracias por su paciencia.

Q51_INTRO Ahora voy a preguntarle cómo describiría la raza de su niño. Voy a leerle una lista de opciones. Puede escoger una o más. Conteste "Sí" o "No" para cada una de ellas.

Q51A ¿Describiría la raza de su niño como blanca?

<1> SÍ/BLANCA

<0> NO/NO BLANCA

<97> DON'T KNOW

<98> MISSING

Q51B ¿Describiría la raza de su niño como negra o afroamericana?

<1> SÍ/NEGRA O AFROAMERICANA

<0> NO/NO NEGRA NI AFROAMERICANA

<97> DON'T KNOW

<98> MISSING

Q51C ¿Describiría la raza de su niño como asiática?

<1> SÍ/ASIÁTICA

<0> NO/NO ASIÁTICA

<97> DON'T KNOW

<98> MISSING

Q51D ¿Describiría la raza de su niño como Nativa de Hawai o de otras islas del Pacífico?

<1> SÍ/NATIVA DE HAWAI O DE OTRAS ISLAS DEL PACÍFICO

<0> NO/NO NATIVA DE HAWAI NI DE OTRAS ISLAS DEL PACÍFICO

<97> DON'T KNOW

<98> MISSING

Q51E ¿Describiría la raza de su niño como indígena americana o nativa de Alaska?

<1> SÍ/INDÍGENA AMERICANA O NATIVA DE ALASKA

<0> NO/NO INDÍGENA AMERICANA NI NATIVA DE ALASKA

<97> DON'T KNOW

<98> MISSING

Q52_INTRO La última serie de preguntas son acerca de usted.

Q52 ¿Cuál es su parentesco con el niño?

READ ANSWER CHOICES 1-6 ONLY ***IF NECESSARY***

<1> MADRE, [GO TO **Q53**]

<2> PADRE, [GO TO **Q53**]

<3> ABUELA, [GO TO **Q53**]

<4> ABUELO, [GO TO **Q53**]

<5> OTRO FAMILIAR O TUTOR LEGAL, o [GO TO **Q53**]

<6> OTRO PERSONA [GO TO **Q52B**]

<97> DON'T KNOW

<98> MISSING

Q52B ¿Cuál es su parentesco con el niño?

[NOTE: PLEASE DOCUMENT RELATIONSHIP AND MAINTAIN IN YOUR INTERNAL RECORDS].

Q53 ¿Qué edad tiene usted?

READ ANSWER CHOICES 1-8 ONLY ***IF NECESSARY***

<1> Menos de 18 años,

<2> Entre 18 y 24 años,

<3> Entre 25 y 34 años,

<4> Entre 35 y 44 años,

<5> Entre 45 y 54 años,

<6> Entre 55 y 64 años,

<7> Entre 65 y 74 años, o

<8> 75 o más?

<97> DON'T KNOW

<98> MISSING

Q54 ¿Cuál es el grado o nivel escolar más alto que ha completado?

<1> Cursó y terminó 8 años de escuela o menos,

<2> Cursó y terminó unos años de secundaria, pero no se graduó,

<3> Se graduó de secundaria, obtuvo el diploma de bachillerato, preparatoria, o su equivalente (o GED),

<4> Cursó y terminó algunos cursos universitarios u obtuvo un título de un programa universitario de 2 años,

<5> Obtuvo un título universitario de 4 años, u

<6> Obtuvo un título universitario de más de 4 años?

<97> DON'T KNOW

<98> MISSING

Q55 ¿En qué idioma prefiere hablar? ¿Diría usted que prefiere hablar en...

<1> Inglés, [GO TO **Q56**]

<2> Español, [GO TO **Q56**]

<3> Chino, [GO TO **Q56**]

<4> Vietnamita, [GO TO **Q56**]

<5> Coreano, [GO TO **Q56**]

<6> Ruso, o [GO TO **Q56**]

<7> Otro idioma? [GO TO **55B**]

<97> DON'T KNOW

<98> MISSING

Q55B ¿En qué otro idioma prefiere hablar?

[NOTE: PLEASE DOCUMENT LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS].

Q56 Durante esta vez que su niño estuvo en el hospital, ¿cuánto tiempo pasó usted en el hospital?

¿Diría usted que...

<1> Ningún tiempo,

<2> Poco tiempo,

<3> Algún tiempo,

<4> La mayor parte del tiempo, o

<5> Todo o casi todo el tiempo?

<97> DON'T KNOW

<98> MISSING

Q57 ¿Le gustaría agregar algo más acerca de la atención que su niño recibió durante esta vez que estuvo en el hospital?

[NOTE: PLEASE DOCUMENT ANY COMMENTS AND MAINTAIN IN YOUR INTERNAL RECORDS].

END: Éstas son todas las preguntas que tengo para usted. Gracias por su tiempo. Que tenga usted un buen día/muy buena tarde/muy buenas noches.

Appendix I: Survey Status Codes

Maintaining up-to-date survey status codes is a required part of the Child HCAHPS administration process. Using the random, unique, de-identified Patient ID, assign a survey status code to each patient in the sample. This code is used to track and report whether the patient’s parent has completed a survey or requires further follow-up. Typically, survey status codes are either interim (indicating the status of each survey during the data collection period) or final (indicating the final outcome for each survey at the end of data collection, that is—“Final Survey Status”).

The following table provides details on codes used in the “Final Survey Status” field.

Table I: Child HCAHPS Final Survey Status Codes

Code	Description
1	<p>Completed Survey¹ Assign a code of “1 – Completed survey” if the parent answers at least 50% of the questions applicable to all patients (questions 1, 13-23, 25, 27, 29, 30, 32-37, 40-43, 47, 48). When calculating the percentage of required questions for which a response was given, exclude (1) appropriately skipped questions and (2) the following questions: 2-12, 24, 26, 28, 31, 38, 39, 44-46, 49-57. There should be no evidence that the patient is ineligible.</p>
2	<p>Ineligible: Deceased² Assign a code of “2 – Ineligible: Deceased” if the patient was alive at the time of discharge but deceased by the time of survey administration.</p>
3	<p>Ineligible: Not in Eligible Population Assign a code of “3 – Ineligible: Not in eligible population” if there is evidence that the patient does not meet ≥ 1 of the following eligibility criteria or falls into an exclusion category:</p> <p>Eligibility Criteria</p> <ul style="list-style-type: none"> Children under 18 years old Admission includes at least one overnight stay in the hospital Non-psychiatric MS-DRG/principal diagnosis at discharge Alive at the time of discharge <p>Exclusion Criteria</p> <ul style="list-style-type: none"> “No-publicity” patients—patients who request that they not be contacted (see below) Court/law enforcement patients (i.e., prisoners); this category does not include patients residing in halfway houses Patients with a foreign home address (the U.S. territories—Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands—are not considered foreign addresses and therefore are not excluded) Patients discharged to hospice care (Hospice-home or Hospice-medical facility) Patients who are excluded because of state regulations Patients who are wards of the state Healthy newborns Patients admitted for obstetric care Observation patients Patients discharged to skilled nursing facilities
4	<p>Ineligible: Language Barrier Assign a code of “4 – Ineligible: Language barrier” if there is evidence that the parent does not read or speak the language in which the survey is being administered.</p>

5	<p>Ineligible: Mental or Physical Incapacity Assign a code of “5 – Ineligible: Mental/physical incapacity” if the parent is unable to complete the survey because he or she is mentally or physically incapable. This includes parents with visual or hearing impairment.</p>
6	<p>Non-response: Break-off Assign a code of “6 – Non-response: Break-off” if a parent provided a response to at least one Child HCAHPS Core question, but answered too few Core questions to meet the criteria for a completed survey.</p>
7	<p>Non-Response: Refusal Assign a code of “7 – Non-response: Refusal” if a parent returns an incomplete survey with a note stating that he or she does not wish to participate or if a parent verbally refuses to complete the survey.</p>
8	<p>Non-Response: Non-Response after Maximum Attempts Assign a code of “8 – Non-response: Non-response after maximum attempts” if there is no evidence to suggest that a parent’s contact information is bad (e.g., bad address in Mail-Only mode, bad telephone number in Telephone-Only mode, and both bad address and bad telephone number in a Mixed mode) and one of the following occurs:</p> <p style="padding-left: 40px;">After the maximum number of attempts (two mail attempts for Mail-Only; five telephone attempts for Telephone-Only; and one mail attempt and five telephone attempts for Mixed-Mode), the parent has not completed the survey by the end of the survey administration time period (i.e., 42 days from initial contact).</p> <p style="padding-left: 40px;">The survey is returned by mail or completed by telephone with a lag time greater than 84 days. Lag time is the number of days between the patient’s discharge date from the hospital and the date that data collection activities ended for the patient.</p> <p style="padding-left: 40px;">If a patient is selected for Child HCAHPS and the discharge date is beyond the 42-day initial contact period, then assign a code of “8 – Non-Response: Non-response after maximum attempts.”</p>
9	<p>Non-Response: Bad Address This survey status code applies only to the Mail-Only mode. Assign a code of “9 – Non-response: Bad address” if there is evidence that a parent’s address is bad (e.g., the post office returns the survey to the hospital/survey vendor).</p>
10	<p>Non-Response: Bad/No Telephone Number This survey status code applies only to the Telephone-Only mode. Assign a code of “10 – Non-response: Bad/no phone number” if there is evidence that a parent’s telephone number is bad (e.g., no telephone number is available or the telephone number has been disconnected). For Mixed-Mode, “10 – Non-response: Bad/no phone number” is used if there is evidence that a parent’s address and telephone number are both bad.</p>

¹ For details of survey items, refer to **Survey Items in Domain-Level Composite and Single-Item Measures (Appendix K)**.

² Refer to the sections **Defining the Sample Frame: Eligibility Guidelines** and **Exclusions from Child HCAHPS**.

Assigning Bad Address and Bad/No Telephone Number Survey Status Codes

Assign the “Final Survey Status” codes of “8 – Non-response after maximum attempts,” “9 – Non-response: Bad address,” and “10 – Non-response: Bad/no phone number” based on the viability of the address and telephone number for the parent. Track the viability of the mailing address and telephone number for each parent during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest otherwise. If the evidence is insufficient, continue attempting to contact the parent of an eligible patient until the required number of attempts has been made.

Note: Attempt to contact the parent of every eligible patient drawn into the sample, whether or not he or she has a complete mailing address and/or telephone number. Sending mail surveys to parents without mailing addresses, such as those who are homeless, is not required. However, make every reasonable attempt to obtain a parent's address and telephone number. For survey vendors, this includes re-contacting the hospital client to inquire about an address or telephone number update for parents with no mailing address or telephone number. Use commercial software or other means to update addresses and/or telephone numbers provided for parents of sampled patients. If efforts to obtain a viable mailing address and/or telephone number are unsuccessful, retain a record of the attempts to acquire the missing information.

The following examples illustrate what constitutes sufficient or insufficient evidence of viability.

For a Mail-Only survey, sufficient evidence that a parent's address is not viable includes:

The hospital does not provide an address in the patient discharge list, and the hospital/survey vendor is unable to obtain an address for the parent.

Mail is returned marked "Address Unknown."

Mail is returned marked "Moved – No Forwarding Address."

For a Mail-Only survey, **insufficient** evidence that a parent's address is not viable includes:

An address updating search does not result in an exact "match." In this situation, the hospital/survey vendor should attempt to mail the survey using the address that is available.

For all modes of administration **except** Mail-Only, sufficient evidence that a parent's telephone number is not viable includes:

The hospital does not provide a telephone number in the patient discharge list, and the hospital/survey vendor is unable to obtain a telephone number for the parent.

The telephone interviewer dials the parent's telephone number and receives a message that the telephone number is non-working or out of order, and no updated number is available or obtained.

The telephone interviewer dials the parent's telephone number, speaks to a person, and is informed that the telephone number is wrong; other attempts to obtain the correct telephone number are unsuccessful.

For all modes of administration **except** Mail-Only, **insufficient** evidence that a parent's telephone number is not viable includes:

The hospital/survey vendor receives a busy signal every time a telephone attempt is made.

Appendix J: Codebook

Child HCAHPS

Q1 Was your child born during this hospital stay?

BORN

<1> YES [GO TO Q13]

<0> NO

<96> MULTIPLE MARK

<98> MISSING

Q2 For this hospital stay, was your child admitted through this hospital's Emergency Room?

ER_SCR

<1> YES

<0> NO [GO TO Q4]

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q2= "99- NOT APPLICABLE"]

Q3 While your child was in the Emergency Room, were you kept informed about what was being done for your child?

ER_INFRM

<9> I was not at the hospital when my child was in the Emergency Room,

<3> Yes, definitely

<2> Yes, somewhat

<1> No

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q3= "99- NOT APPLICABLE" OR IF Q2= "0- NO" THEN Q3= "99- NOT APPLICABLE" OR IF Q2= "97- DON'T KNOW" THEN Q3= "98- MISSING" OR IF Q2= "98- MISSING" THEN Q3= "98- MISSING"]

Q4 During the first day of this hospital stay, were you asked to list or review all of the prescription medicines your child was taking at home?

LIST_RX

<3> Yes, definitely

- <2> Yes, somewhat
- <1> No

- [<99> NOT APPLICABLE]
- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q4= "99- NOT APPLICABLE"]

Q5 During the first day of this hospital stay, were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines your child was taking at home?

LIST_OTC

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

- [<99> NOT APPLICABLE]
- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q5= "99- NOT APPLICABLE"]

If child is 2-years-old or younger based on administrative data, then Q6= No (0) and go to Q13.

Q6 Is your child able to talk with nurses and doctors about his or her health care?

TALK_SCR

- <1> YES
- <0> NO [GO TO **Q13**]

- [<99> NOT APPLICABLE]
- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q6= "99- NOT APPLICABLE"]

Q7 During this hospital stay, how often did your child's nurses listen carefully to your child?

CHLISTN_RN

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

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q7= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q7= "98- MISSING"]

Q8 During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?

CHEXPL_RN

<1> Never

<2> Sometimes

<3> Usually

<4> Always

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q8= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q8= "98- MISSING"]

Q9 During this hospital stay, how often did your child's nurses encourage your child to ask questions?

CHENCOUR_RN

<1> Never

<2> Sometimes

<3> Usually

<4> Always

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q9= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q9= "98- MISSING"]

Q10 During this hospital stay, how often did your child's doctors listen carefully to your child?

CHLISTN_MD

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

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q10= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q10= "98- MISSING"]

Q11 During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?

CHEXPL_MD

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

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q11= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q11= "98- MISSING"]

Q12 During this hospital stay, how often did your child's doctors encourage your child to ask questions?

CHENCOUR_MD

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

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q12= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q12= "98- MISSING"]

Q13 During this hospital stay, how often did your child's nurses listen carefully to you?

CGLISTN_RN

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

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q14 During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?

CGEXPL_RN

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

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q15 During this hospital stay, how often did your child's nurses treat you with courtesy and respect?

CGRSPCT_RN

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

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q16 During this hospital stay, how often did your child's doctors listen carefully to you?

CGLISTN_MD

- <1> Never
- <2> Sometimes

<3> Usually
<4> Always

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q17 During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?

CGEXPL_MD

<1> Never
<2> Sometimes
<3> Usually
<4> Always

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q18 During this hospital stay, how often did your child's doctors treat you with courtesy and respect?

CGRSPCT_MD

<1> Never
<2> Sometimes
<3> Usually
<4> Always

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q19 During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?

PRIV

<1> Never
<2> Sometimes
<3> Usually
<4> Always

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q20 Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?

FAMINPUT

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

Q21 During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?

TALKACT

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

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

Q22 During this hospital stay, how often did providers keep you informed about what was being done for your child?

INFRM

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

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

Q23 Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?

TEST_SCR

- <1> YES
- <0> NO [GO TO Q25]

- <96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q24 How often did providers give you as much information as you wanted about the results of these tests?

TEST_RSLT

<1> Never

<2> Sometimes

<3> Usually

<4> Always

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q23= "0- NO" THEN Q24= "99- NOT APPLICABLE" OR IF Q23= "97- DON'T KNOW" THEN Q24= "98- MISSING" OR IF Q23= "98- MISSING" THEN Q24= "98- MISSING"]

Q25 During this hospital stay, did you or your child ever press the call button?

CALLB_SCR

<1> YES

<0> NO [GO TO Q27]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q26 After pressing the call button, how often was help given as soon as you or your child wanted it?

CALLB

<1> Never

<2> Sometimes

<3> Usually

<4> Always

[<99> NOT APPLICABLE]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q25= "0- NO" THEN Q26= "99- NOT APPLICABLE" OR IF Q25= "97- DON'T KNOW" THEN Q26= "98- MISSING" OR IF Q25= "98- MISSING" THEN Q26= "98- MISSING"]

Q27 During this hospital stay, was your child given any medicine?

MEDS_SCR

<1> YES
<0> NO [GO TO Q29]

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q28 Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?

MEDS_ID

<1> Never
<2> Sometimes
<3> Usually
<4> Always

[<99> NOT APPLICABLE]
<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q27= "0- NO" THEN Q28= "99- NOT APPLICABLE" OR IF Q27= "97- DON'T KNOW" THEN Q28= "98- MISSING" OR IF Q27= "98- MISSING" THEN Q28= "98- MISSING"]

Q29 Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?

MISTAKES

<3> Yes, definitely
<2> Yes, somewhat
<1> No

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q30 During this hospital stay, did your child have pain that needed medicine or other treatment?

PAIN_SCR

<1> YES
<0> NO [GO TO Q32]

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q31 During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?

PAIN_ASK

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

- [<99> NOT APPLICABLE]
- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

[NOTE: IF Q30= "0- NO" THEN Q31= "99- NOT APPLICABLE" OR IF Q30= "97- DON'T KNOW" THEN Q31= "98- MISSING" OR IF Q30= "98- MISSING" THEN Q31= "98- MISSING"]

Q32 During this hospital stay, how often were your child's room and bathroom kept clean?

CLEAN

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

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

Q33 During this hospital stay, how often was the area around your child's room quiet at night?

QUIET

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

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

Q34 Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?

RIGHTAGE

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q35 As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave?

DC_READY

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q36 Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?

DC_CARE

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q37 Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?

DC_MEDSCR

- <1> YES
- <0> NO [GO TO Q40]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q38 Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?

DC_MEDEXP

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

- [<99> NOT APPLICABLE]
- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q38= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q38= "98- MISSING" OR IF Q37= "88- MISSING" THEN Q38= "98- MISSING"]

Q39 Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?

DC_MEDSE

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

- [<99> NOT APPLICABLE]
- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q39= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q39= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q39= "98- MISSING"]

Q40 A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?

DC_REGACT

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

Q41 Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after leaving the hospital?

DC_SYMPEXP

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

Q42 Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?

DC_SYMPWRT

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

If child is 12-years-old or younger based on administrative data, then Q43= No (0) and go to Q47.

Q43 During this hospital stay, was your child 13 years old or older?

TEEN_SCR

- <1> YES
- <0> NO [GO TO Q47]

- <96> MULTIPLE MARK
- <97> DON'T KNOW
- <98> MISSING

Q44 During this hospital stay, how often did providers involve your child in discussions about his or her health care?

TEEN_INVOLV

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

- [<99> NOT APPLICABLE]
- <96> MULTIPLE MARK
- <97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q44= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q44= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q44= "98- MISSING"]

Q45 Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?

TEEN_READY

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

[<99> NOT APPLICABLE]
<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q45= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q45= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q45= "98- MISSING"]

Q46 Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?

TEEN_CARE

- <3> Yes, definitely
- <2> Yes, somewhat
- <1> No

[<99> NOT APPLICABLE]
<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q46= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q46= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q46= "98- MISSING"]

Q47 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 child's stay?

HOSP_RATE

- <0> 0
- <1> 1
- <2> 1
- <3> 3
- <4> 4
- <5> 5

<6> 6
<7> 7
<8> 8
<9> 9
<10> 10

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q48 Would you recommend this hospital to your friends and family?

REC

<1> Definitely no
<2> Probably no
<3> Probably yes
<4> Definitely yes

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q49 In general, how would you rate your child's overall health? Would you say that it is...

CH_HEALTH

<5> Excellent
<4> Very Good
<3> Good
<2> Fair
<1> Poor

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q50A Is your child of Hispanic, Latino, or Spanish origin?

HISP_NO

<1> YES/OF HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO Q50B_INTRO]
<0> NO/NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO Q51A_INTRO]

<97> DON'T KNOW
<98> MISSING

Q50B Is your child Mexican, Mexican American, or Chicano?

HISP_MEX

<1> YES/MEXICAN, MEXICAN AMERICAN, OR CHICANO [GO TO Q50C]

<0> NO/NOT MEXICAN, MEXICAN AMERICAN, OR CHICANO [GO TO Q50C]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50B= "99- NOT APPLICABLE"]

Q50C Is your child Puerto Rican?

HISP_PR

<1> YES/PUERTO RICAN [GO TO Q50D]

<0> NO/NOT PUERTO RICAN [GO TO Q50D]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50C= "99- NOT APPLICABLE"]

Q50D Is your child Cuban?

HISP_CUBAN

<1> YES/CUBAN [GO TO Q50E]

<0> NO/NOT CUBAN [GO TO Q50E]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50D= "99- NOT APPLICABLE"]

Q50E Is your child of another Hispanic, Latino, or Spanish ethnicity?

HISP_OTH

<1> YES/ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO Q51A]

<0> NO/NOT ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO Q52A]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50E= "99- NOT APPLICABLE"]

Q51A Would you describe your child's race as White?

WHITE

<1> YES/WHITE

<0> NO/NOT WHITE

<97> DON'T KNOW

<98> MISSING

Q51B Would you describe your child's race as Black or African American?

BLACK

<1> YES/BLACK OR AFRICAN AMERICAN

<0> NO/NOT BLACK OR AFRICAN AMERICAN

<97> DON'T KNOW

<98> MISSING

Q51C Would you describe your child's race as Asian?

ASIAN

<1> YES/ASIAN

<0> NO/NOT ASIAN

<97> DON'T KNOW

<98> MISSING

Q51D Would you describe your child's race as Native Hawaiian or other Pacific Islander?

NH_PI

<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<97> DON'T KNOW

<98> MISSING

Q51E Would you describe your child's race as American Indian or Alaska Native?

AMERIND

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE

<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<97> DON'T KNOW

<98> MISSING

Q52A How are you related to the child?

RELATN

<1> MOTHER, [GO TO Q53]

<2> FATHER [GO TO Q53]

<3> GRANDMOTER [GO TO Q53]

<4> GRANDFATHER [GO TO Q53]

<5> OTHER RELATIVE OR LEGAL GUARDIAN [GO TO Q53]

<6> SOMEONE ELSE [GO TO Q52B]

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q52B How are you related to the child?

RELATN_WRITE

Q53 What is your age?

CGAGE

<1> Under 18

<2> 18-24

<3> 25-34

<4> 35-44

<5> 45-54

<6> 55-64

<7> 65-74

<8> 75 or Older

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q54 What is the highest grade or level of school that you have completed? Did you...

CGEDUC

<1> Complete the 8th Grade or less

<2> Complete some high school, but did not graduate

<3> Graduate from high school or earn a GED

<4> Complete some college or earn a 2-year degree

<5> Graduate from a 4-year college

<6> Complete more than 4-year college degree

<96> MULTIPLE MARK

<97> DON'T KNOW

<98> MISSING

Q55A What is your preferred language? Would you say you prefer to speak...

PRLANG

<1> English [GO TO Q56]

<2> Spanish [GO TO Q56]

<3> Chinese [GO TO Q56]

<4> Vietnamese [GO TO Q56]

<5> Korean [GO TO Q56]

<6> Russian [GO TO Q56]
<7> Some Other Language [GO TO Q55B]

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q55B What other language is your preferred language?
PRLANG_WRITE

Q56 During your child's hospital stay, how much of the time were you at the hospital?
TIMESPNT

<1> None of the time
<2> A little of the time
<3> Some of the time
<4> Most of the time
<5> All or nearly all of the time

<96> MULTIPLE MARK
<97> DON'T KNOW
<98> MISSING

Q57 Is there anything else you would like to say about the care your child received during this hospital stay?
NARR

Administrative Codebook

Variable Name in SAS File	Valid Values	Variable Name	Description
1st line of flat file - Facility Data - Header Record			
UniqueID	XXXXXXXXXXXX	Unique Hospital ID	Unique ID or Medicare Provider Number of the hospital represented by the survey
HospitalName	XXXXXXXXXXXX	Hospital Name	Name of the hospital represented by the survey
State	XX	Facility State	Two digit state abbreviation for the facility
PopSize	XXXXXXXXXX <i>Note: Patients found to be ineligible during the survey administration process must be subtracted from the Eligible Discharges count</i>	Population Size	Number of eligible patients discharged from the hospital for the month
SampSize	XXXXXXXXXX	Sample Size	Number of eligible patients drawn into the sample for survey administration
SampType	1 = Simple random sample 4 = Other	Sample Type	Type of sampling done for this month
Person-Level Records			
PatientID	XXXXXXXXXXXXXXXXXX	Patient ID	Random, unique, de-identified, patient ID assigned by hospital/survey vendor
DischargeStatus	01 = Home care or self care 02 = Short-term general hospital for inpatient care 03 = Skilled nursing facility (ineligible) 04 = Intermediate care facility 05 = Designated cancer center or children's hospital 06 = Home with home health services 07 = Left against medical advice 20 = Expired (ineligible) 21 = Discharged/transferred to court/law enforcement (ineligible) 41 = Expired in medical facility (ineligible) 43 = Federal health care facility 50 = Hospice = home (ineligible) 51 = Hospice = medical facility (ineligible) 61 = SNF swing bed within hospital (ineligible) 62 = Inpatient rehabilitation facility 63 = Long-term care hospital 64 = Certified Medicaid nursing	Discharge Status	Status of patient's discharge

	facility (ineligible) 65 = Psychiatric hospital or psychiatric unit 66 = Critical access hospital 70 = Discharge/transfer to a health care institution not defined elsewhere in the code list MM = Missing		
AdmissionSource	1 = Non health care facility point of origin 2 = Clinic or physician's office 4 = Transfer from a hospital (Different Facility) 5 = Transfer from a SNF, ICF or ALF 6 = Transfer from another health care Facility 8 = Court/law enforcement (ineligible) 9 = Information not available D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer E = Transfer from ambulatory surgery center	Admission Source	Source of inpatient admission for the patient
Mode	1 = Mail 2 = Phone	Survey Mode	Survey mode of completion or survey mode attempt for incompletes
Disposition	01 = Returned survey w/ responses 02 = Ineligible: Deceased 03 = Ineligible: Not in eligible population 04 = Ineligible: Language barrier 05 = Ineligible: Mental/physical incapacity 06 = Non-response: Break off 07 = Non-response: Refusal 08 = Non-response: Non-response after maximum attempts 09 = Non-response: Bad address 10 = Non-response: Bad/no phone number MM = Missing	Final Survey Status	Final disposition of survey for this record A returned survey is a survey returned with 1 or more questions answered that is not an ineligible or non-response
LanguageRequested	1 = English 2 = Spanish 3 = [Insert language 3] 4 = [Insert language 4] M = Missing	Family Preferred Language	Preferred family language recorded in patient hospital records

PatientDOB	mmddyyyy 99999999 = Missing	Patient Date of Birth	Eight digit birth date (do not include dashes or slashes)
PatientSex	1 = Male 2 = Female M = Missing	Patient Sex	Patient Sex
PatientName1	XXX	Patient First Name	First name of child
PatientName2	XXX	Patient Last Name	Last name of child
ParentName1	XXX M = Missing	Parent First Name	First name of child's parent
ParentName2	XXX M=Missing	Parent Last Name	Last name of child's parent
StAddress1	XXXXXX	Parent Address	Parent street address or post office box
StAddress2	XXXXXX	Parent Address	Mailing address 2 nd line (e.g., floor or suite) if needed
ParentCity	XXXXXX	Parent Mailing City	Parent mailing city
ParentState	XX	Parent Mailing State	Two character parent mailing state abbreviation
ParentZip	XXXXXXXXXX	Parent Mailing Zip Code	Parent nine digit zip code (do not include hyphens or spaces)
ParentPhone	XXXXXXXXXX 9999999999 = Missing	Parent Telephone Number	Three digit area code plus seven digit telephone number (do not include spaces or hyphens)
AdmitDate	mmddyyyy	Admission Date	Eight digit date field of admission (do not include hyphens or slashes)
DischargeDate	mmddyyyy	Discharge Date	Eight digit date field of discharge (do not include hyphens or slashes)

Appendix K: Survey Items in Domain-Level Composite and Single-Item Measures

Items Grouped by Categories	Purpose of Item
COMMUNICATION WITH PARENT	
1. Communication between you and your child’s nurses	
Q13. During this hospital stay, how often did your child’s nurses listen carefully to you?	Key item
Q14. During this hospital stay, how often did your child’s nurses explain things to you in a way that was easy to understand?	Key item
Q15. During this hospital stay, how often did your child’s nurses treat you with courtesy and respect?	Key item
2. Communication between you and your child’s doctors	
Q16. During this hospital stay, how often did your child’s doctors listen carefully to you?	Key item
Q17. During this hospital stay, how often did your child’s doctors explain things to you in a way that was easy to understand?	Key item
Q18. During this hospital stay, how often did your child’s doctors treat you with courtesy and respect?	Key item
3. Communication about your child’s medicines	
Q4. During the first day of this hospital stay, were you asked to list or review all of the prescription medicines your child was taking at home?	Dependent item
Q5. During the first day of this hospital stay, were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines your child was taking at home?	Dependent item
Q38. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?	Dependent item
Q39. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?	Dependent item
4. Keeping you informed about your child’s care	
Q22. During this hospital stay, how often did providers keep you informed about what was being done for your child?	Key item
Q24. How often did providers give you as much information as you wanted about the results of these tests?	Dependent item
5. Privacy when talking with doctors, nurses, and other providers	
Q19. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child’s care with providers?	Key item
6. Preparing you and your child to leave the hospital	
Q35. Before your child left the hospital, did a provider ask if you had any concerns about whether your child was ready to leave?	Key item
Q36. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child’s health after leaving the hospital?	Key item
Q40. A child’s regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?	Key item

Q41. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after leaving the hospital?	Key item
Q42. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?	Key item
7. Keeping you informed about your child's care in the Emergency Room	
Q3. While your child was in the Emergency Room, were you kept informed about what was being done for your child?	Dependent item
COMMUNICATION WITH CHILD	
8. How well nurses communicate with your child	
Q7. During this hospital stay, how often did your child's nurses listen carefully to your child?	Dependent item
Q8. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?	Dependent item
Q9. During this hospital stay, how often did your child's nurses encourage your child to ask questions?	Dependent item
9. How well doctors communicate with your child	
Q10. During this hospital stay, how often did your child's doctors listen carefully to your child?	Dependent item
Q11. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?	Dependent item
Q12. During this hospital stay, how often did your child's doctors encourage your child to ask questions?	Dependent item
10. Involving teens in their care	
Q44. During this hospital stay, how often did providers involve your child in discussions about his or her health care?	Dependent item
Q45. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?	Dependent item
Q46. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?	Dependent item
ATTENTION TO SAFETY AND COMFORT	
11. Preventing mistakes and helping you report concerns	
Q28. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?	Dependent item
Q29. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?	Key item
12. Responsiveness to the call button	
Q26. After pressing the call button, how often was help given as soon as you or your child wanted it?	Dependent item
13. Helping your child feel comfortable	
Q20. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?	Key item

Q21. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?	Key item
Q34. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?	Key item
14. Paying attention to your child's pain	
Q31. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?	Dependent item
HOSPITAL ENVIRONMENT	
15. Cleanliness of hospital room	
Q32. During this hospital stay, how often were your child's room and bathroom kept clean?	Key item
16. Quietness of hospital room	
Q33. During this hospital stay, how often was the area around your child's room quiet at night?	Key item
GLOBAL RATING	
17. Overall rating	
Q47. 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 child's stay?	Key item
18. Recommend hospital	
Q48. Would you recommend this hospital to your family and friends?	Key item
SCREENERS	
Q1. Was your child born during this hospital stay?	Screeener
Q2. For this hospital stay, was your child admitted through this hospital's Emergency Room?	Screeener, Dependent Item
Q6. Is your child able to talk with nurses and doctors about his or her health care?	Screeener, Dependent Item
Q23. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?	Screeener
Q25. During this hospital stay, did you or your child ever press the call button?	Screeener
Q27. During this hospital stay, was your child given any medicine?	Screeener
Q30. During this hospital stay, did your child have pain that needed medicine or other treatment?	Screeener
Q37. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?	Screeener
Q43. During this hospital stay, was your child 13 years old or older?	Screeener
DEMOGRAPHICS	
Q49. In general, how would you rate your child's overall health?	Case-mix adjustment
Q50. Is your child of Hispanic, Latino, or Spanish origin? Mark one or more.	Case-mix adjustment
Q51. How would you describe your child's race? Mark one or more.	Case-mix adjustment
Q52. How are you related to the child?	Case-mix

	adjustment
Q53. What is your age?	Case-mix adjustment
Q54. What is the highest grade or level of school that you have completed?	Case-mix adjustment
Q55. What is your preferred language?	Case-mix adjustment
OTHER	
Q56. During your child's hospital stay, how much of the time were you at the hospital?	Key item
Q57. Is there anything else you would like to say about the care your child received during this hospital stay?	Open-ended item

Appendix L: Decision Rules and Coding Guidelines

To ensure accurate collection of all survey data, quality control procedures should be developed, implemented, and documented for all survey administration activities. The Child HCAHPS decision rules and coding guidelines were developed to capture appropriate information for data submission. They provide guidance for addressing situations in which survey responses are ambiguous, missing or incorrectly provided. Adhere to the following decision rules and coding guidelines to ensure valid and consistent coding of such instances.

Ambiguous Responses on Mail Surveys

A common problem in mail surveys is ambiguity of responses on returned surveys. To ensure uniformity in data coding, strictly apply the following guidelines. When scanning or key-entering mail surveys, use the following decision rules for resolving common ambiguous situations.

If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest.

If a mark falls equidistant between two response options, then code the value as “M – Missing/Don’t Know”.

If a value is missing, then code the value as “M – Missing/Don’t Know.” A response should not be imputed; in other words, do not try to determine what the parent would have responded for the missing value based on answers to other questions.

When more than one response option is marked, code the value as “M – Missing/Don’t Know”.

Exception: For Question 51, *“How would you describe your child’s race? Mark one or more,”* enter responses for **all** of the categories that the respondent has selected.

In instances in which there are multiple marks **but** the parent’s intent is clear, code the parent’s **clearly identified** intended response.

Skip Patterns for Mail Surveys

Several items in the Child HCAHPS survey can and should be skipped by certain parents. These items form skip patterns. Nine questions in the Child HCAHPS survey serve as screener questions (Questions 1, 2, 6, 23, 25, 27, 30, 37, 43) that determine whether the associated dependent questions require an answer. The following decision rules are provided to assist in coding responses to skip pattern questions.

Decision Rules for Screener and Dependent Questions

Decision rules for coding **screener questions** (Questions 1, 2, 6, 23, 25, 27, 30, 37, 43):

Enter the value provided by the respondent. Do not impute a response based on the parent’s answers to the dependent questions.

If the screener question is left blank, then code the value as “M – Missing/Don’t Know.” Do not impute a response based on the parent’s answers to the dependent questions.

Decision rules for coding **dependent questions** (Questions 2-12, 24, 26, 28, 31, 38, 39, 44-46):

If the corresponding screener question is answered “Yes” and the dependent question(s) is left blank, then code the value for the dependent question(s) as “M – Missing/Don’t Know”.

If the corresponding screener question is answered “Yes” and the dependent question(s) is **not** left blank, then enter the value provided by the parent for the dependent question(s).

If the corresponding screener question is answered “No” and the dependent question(s) is left blank, then code the value for the dependent question(s) as “8 – Not Applicable”.

If the corresponding screener question is answered “No” and the dependent question(s) is **not** left blank, then code the value for the dependent question(s) as “8 – Not Applicable”.

If the corresponding screener question is left blank and the dependent question(s) is left blank, then code the value for both the corresponding screener question and dependent question(s) as “M – Missing/Don’t Know”.

If the corresponding screener question is left blank and the dependent question(s) is **not** left blank, then code the value for the corresponding screener question as “M – Missing/Don’t know” and enter the value provided by the parents for the dependent question(s).

Appendix M: Case-Mix Adjustment Methodology

One of the methodological issues associated with making comparisons across hospitals is the need to adjust appropriately for case-mix differences. Case mix refers to patient characteristics that are not under the control of the hospital that may affect measures of outcomes or processes, such as demographic characteristics and health status. Systematic effects of this sort create the potential for hospital ratings to be higher or lower because of the characteristics of their patient population, rather than because of the quality of care they provide, making comparisons of unadjusted scores misleading. The basic goal of adjusting for case mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients.

The case-mix adjustment will use a regression methodology also referred to as covariance adjustment. As an example of how this will work, let y_{ipj} represent the response to item i of respondent j from hospital p (after recoding, if any, has been performed). The model for adjustment of a single item i is of the form;

$$y_{ipj} = \beta_i' x_{ipj} + \mu_{ip} + \varepsilon_{ipj}$$

where β_i is a regression coefficient vector, x_{ipj} is a covariate vector consisting of six adjuster covariates, μ_{ip} is an intercept parameter for hospital p , and ε_{ipj} is the error term. The estimates are given by the following equation:

$$\begin{pmatrix} \hat{\beta}_i' \\ \hat{\mu}_i' \end{pmatrix} = (\mathbf{X}'\mathbf{X})^{-1} \mathbf{X}' \mathbf{y}_i$$

where $\mu_i = (\mu_{i1}, \mu_{i2}, \dots, \mu_{ip})'$ is the vector of intercepts, \mathbf{y}_i is the vector of responses and the covariate matrix is

$$\mathbf{X} = (\mathbf{X}_a \quad u_1 \quad u_2 \quad \dots \quad u_p)$$

where the columns of \mathbf{X}_a are the vectors of values of each of the adjuster covariates, and u_p is a vector of indicators for being discharged from hospital p , $p = 1, 2, \dots, P$, with entries equal to 1 for respondents in hospital p and 0 for others.

Finally, the estimated intercepts are shifted by a constant amount to force their mean to equal the mean of the unadjusted hospital means \bar{y}_{ip} (to make it easier to compare adjusted and unadjusted means), giving adjusted hospital means

$$\hat{a}_{ip} = \hat{\mu}_{ip} + (1/P) \sum_p \bar{y}_{ip} - (1/P) \sum_p \hat{\mu}_{ip}$$

For single-item responses, these adjusted means are reported. For composites, the adjusted hospital means are combined using the mean of the adjusted hospital means for all the relevant items:

$$\hat{a}_p = \sum_i \hat{a}_{ip}$$