

## Quality of Pediatric Hospital-to-Home Transitions Survey English Version

Please answer the questions in this survey for the child and hospital visit named in the letter that came with this survey. Do **not** include any other hospital visits in your answers.

1. Did your child have an overnight stay at the hospital named in the cover letter that came with this survey?
  - <sup>1</sup> Yes
  - <sup>2</sup> No → **If No, END SURVEY**
  
2. Do you prefer to talk with your child's doctors and care providers in English or in another language?
  - <sup>1</sup> English → **If English, skip to #6**
  - <sup>2</sup> Another language
  
3. Before your child came home from the hospital, did hospital staff talk with you about how to care for your child at home or what kinds of doctors or other care providers your child needed to see after the stay?
  - <sup>1</sup> Yes
  - <sup>2</sup> No → **If No, skip to #6**
  
4. Did the hospital staff who talked with you about caring for your child at home or the kinds of doctors or other care providers your child needed to see talk with you in your preferred language?
  - <sup>1</sup> Yes → **If Yes, skip to #6**
  - <sup>2</sup> No
  
5. A medical interpreter is a professional who helps you talk with doctors and other providers who do not speak your language. The interpreter can do this over the phone, by video, or in-person. Did the hospital staff who talked with you about caring for your child at home and the kinds of doctors or other care providers your child needed to see use a medical interpreter to talk with you?
  - <sup>1</sup> Yes
  - <sup>2</sup> No
  
6. Before your child came home from the hospital, did hospital staff give you a chance to ask any questions you may have had about:
  - a. How to care for your child at home after the hospital stay?
    - <sup>1</sup> Yes
    - <sup>2</sup> No
  
  - b. What kinds of doctors or other care providers your child needed to see after the hospital stay?
    - <sup>1</sup> Yes
    - <sup>2</sup> No
  
7. Medical equipment includes things like breathing equipment, crutches, or a feeding tube. Did hospital staff order medical equipment for your child to use after the hospital stay?
  - <sup>1</sup> Yes
  - <sup>2</sup> No → **If No, skip to #10**

8. Was the equipment hospital staff ordered new equipment that your child had not used before?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, skip to #10**

9. Before your child came home from the hospital, did you have a clear understanding of:

a. How to use the medical equipment at home?

<sup>1</sup>  Yes, completely

<sup>2</sup>  Yes, somewhat

<sup>3</sup>  No

b. Who to call if you had questions about the equipment or how to use it?

<sup>1</sup>  Yes, completely

<sup>2</sup>  Yes, somewhat

<sup>3</sup>  No

10. Before your child came home from the hospital, did someone from the hospital offer help to make appointments with the doctors or other care providers your child needed to see?

<sup>1</sup>  Yes → **If Yes, skip to #13**

<sup>2</sup>  No

11. After your child came home from the hospital, did someone from the hospital contact you to offer help to make appointments with the doctors or other care providers your child needed to see?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, skip to #13**

<sup>3</sup>  My child's appointments were made before he or she left the hospital → **skip to #13**

12. When did someone from the hospital contact you to offer help to make these appointments?

<sup>1</sup>  Within 3 days of your child leaving the hospital

<sup>2</sup>  Between 4 and 7 days of your child leaving the hospital

<sup>3</sup>  More than 7 days after your child left the hospital

13. Written hospital discharge instructions describe the care your child needs after a hospital stay. Including how to care for your child at home and what kinds of doctors or other care providers your child needs to see after the stay. These instructions can be available on paper, on a web site, through an app, or sent by email.

Did you get written instructions when your child came home from the hospital after his or her most recent hospital stay?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, skip to #16**

**14.** Did the written instructions you got include:

a. What kinds of doctors or other care providers your child needed to see after the hospital stay?

<sup>1</sup> Yes, completely

<sup>2</sup> Yes, somewhat

<sup>3</sup> No

b. Who to call if your child had problems after the hospital stay?

<sup>1</sup> Yes, completely

<sup>2</sup> Yes, somewhat

<sup>3</sup> No

**15.** Were the written instructions you got:

a. Written in a way that was easy to understand?

<sup>1</sup> Yes, completely

<sup>2</sup> Yes, somewhat

<sup>3</sup> No

b. Useful in knowing how to care for your child once he or she got home?

<sup>1</sup> Yes, completely

<sup>2</sup> Yes, somewhat

<sup>3</sup> No

The last set of questions is about you. This information will help us describe the parents who take part in this study:

**16.** What is your age?

<sup>1</sup> Under 18

<sup>2</sup> 18 to 24

<sup>3</sup> 25 to 34

<sup>4</sup> 35 to 44

<sup>5</sup> 45 to 54

<sup>6</sup> 55 to 64

<sup>7</sup> 65 to 74

<sup>8</sup> 75 or older

**17.** Are you male or female?

<sup>1</sup> Male

<sup>2</sup> Female

**18.** Are you of Hispanic or Latino origin or descent?

<sup>1</sup> Yes, Hispanic or Latino

<sup>2</sup> No, not Hispanic or Latino

**19.** What is your race? Please mark one or more.

<sup>1</sup> White

<sup>2</sup> Black or African American

<sup>3</sup> Asian

<sup>4</sup> Native Hawaiian or Other Pacific Islander

<sup>5</sup> American Indian or Alaska Native

<sup>6</sup> Another race

**20.** What is the highest grade or level of school that you have completed?

- <sup>1</sup> 8<sup>th</sup> grade or less
- <sup>2</sup> Some high school, but did not graduate
- <sup>3</sup> High school graduate or GED
- <sup>4</sup> Some college or 2-year degree
- <sup>5</sup> 4-year college graduate
- <sup>6</sup> More than 4-year college degree

**21.** How are you related to the child?

- <sup>1</sup> Mother or father
- <sup>2</sup> Grandparent
- <sup>3</sup> Aunt or uncle
- <sup>4</sup> Older brother or sister
- <sup>5</sup> Other relative
- <sup>6</sup> Legal guardian
- <sup>7</sup> Some other way: \_\_\_\_\_

**END SURVEY**