

# Ontario Adult Inpatient Short-form Patient Experience Survey

*Questions 1, 2, 3, 4, 6, 7 and 8 were adopted from the Canadian Patient Experience Survey- Inpatient Care (CPES-IC)  
Question 5 was adapted from the National Health Services (NHS) UK Adult Inpatient Survey*

*All questions were included by the Ontario Hospital Association in consultation with a working group comprised of Ontario hospital and health system stakeholders*

*Questions DEM1 to DEM5 are optional standardized demographic questions adopted from Ontario Health's (OH) Updated Toronto Region Socio-Demographic Questions released in Fall 2022.*

***Please answer the questions about your recent stay at [Hospital Name]. Do not include any other hospital stays in your answers.***

1. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?

- Never
- Sometimes
- Usually
- Always
- Don't know / Not sure

2. During this hospital stay, did you get all the information you needed about your condition and treatment?

- Never
- Sometimes
- Usually
- Always

3. Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?

- Never
- Sometimes
- Usually
- Always
- Not applicable

4. Were you involved as much as you wanted to be in decisions about your care and treatment?

- Never
- Sometimes
- Usually
- Always

5. Were you able to get a member of hospital staff to help you when you needed attention?

- Yes, always
- Sometimes
- No, never
- I did not need attention

6. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?

- Not at all
- Partly
- Quite a bit
- Completely
- Not applicable

7. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

- Not at all
- Partly
- Quite a bit
- Completely

8. Overall...(Please circle a number)

- 0 I had a very poor experience
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 I had a very good experience

9. What else would you like to say about this inpatient experience?

*(Please do not include any names, contact information, or identifying information.)*

**ADDITIONAL STANDARDIZED OPTIONAL QUESTIONS:**

*Questions DEM1 to DEM5 are additional optional demographic questions. Hospitals using the Government of Ontario Vendor of Record (VOR)-enabled patient experience measurement solution may choose to include the following set of questions in this short-form survey. (If being used, the recommendation is to use all of them together as a set.)*

**ABOUT YOU**

*The next set of questions is about you. This information will only be used to group our results.*

DEM1. How do you describe your gender identity? (Check all that apply)

- Genderfluid or genderqueer
- Man
- Nonbinary
- Transgender man
- Transgender woman
- Two-Spirit
- Woman
- Questioning or unsure
- Another gender identity (please specify):  
\_\_\_\_\_
- Prefer not to answer

DEM2. How do you describe your sexual orientation? (Check all that apply)

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Questioning or unsure
- Same-gender loving
- Straight/Heterosexual
- Two-Spirit
- Another sexual orientation (please specify):  
\_\_\_\_\_
- Prefer not to answer

DEM3. Do you identify as First Nations, Métis and/or Inuk/Inuit? (Check all that apply)

- Yes, First Nations (status or non-status)
- Yes, Metis
- Yes, Inuk/Inuit
- No
- Do not know
- Prefer not to answer

DEM4. Which of the following best describes your racial or ethnic group? (Check all that apply, e.g., if you are mixed race)

- Arab, Middle Eastern or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)
- Black (e.g., African, Afro-Canadian, Afro-Caribbean, etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)
- Jewish
- Latin American (Hispanic or Latin American descent)
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)
- White (e.g., European descent)
- Another race/ethnic group (please specify):  
\_\_\_\_\_
- Do not know
- Prefer not to answer

DEM5. What language do you feel most comfortable speaking in with your healthcare provider? (Check all that apply)

- Albanian
- Amharic
- Arabic
- ASL (American Sign Language)
- Bengali
- Bulgarian
- Burmese
- Cantonese
- Czech
- Dari

- English
- Farsi
- French
- Georgian
- Greek
- Gujarati
- Hausa
- Hindi
- Hungarian
- Italian
- Karen
- Korean
- Mandarin
- Nepali
- Pashto
- Polish
- Portuguese
- Punjabi
- Rohingya
- Romanian
- Russian
- Serbian
- Slovak
- Somali
- Spanish
- Swahili
- Tagalog
- Tamil
- Thai
- Tibetan
- Tigrinya
- Taishanese/Toishanese
- Turkish
- Twi
- Ukrainian
- Urdu
- Vietnamese
- Another language (please specify):  
\_\_\_\_\_
- Prefer not to answer
- Do not know