

Ontario Adult Inpatient Short-form Patient Experience Survey + Maternity Module

(OAIP-SF + Maternity Module)

*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 9 to 27 were adopted and/or developed by British Columbia and/or the OHA in consultation with Ontario hospitals and 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

YOUR CHILDBIRTH EXPERIENCE...

9. While in the hospital, did your doctor, midwife, or nurse answer your questions about your childbirth in a way you could understand?

- Not at all
- Partly
- Quite a bit
- Completely
- I did not have questions

10. While in the hospital, were you given enough information about what to expect about your own physical recovery after the birth?

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

11. Were you given enough information about any emotional changes you might experience after the birth?

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

12. While in the hospital, did your doctor, midwife, or nurse discuss different options for pain control during the labour and delivery with you?

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

13. Overall, was your pain well controlled? Please answer on a scale where 0 is “Not controlled at all” and 10 is “Controlled completely”

Overall . . . (Please circle a number)

Not controlled at all										Controlled completely	
0	1	2	3	4	5	6	7	8	9	10	

14. While in the hospital, did you get enough information about caring for your baby?

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

15. While in the hospital, did you get enough information to support your decision to breast or bottle feed your baby?

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

16. While in the hospital, did doctors, midwives or nurses give you the assistance and support you needed to help you breast feed your baby?

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

17. While in the hospital, did you get enough information about bathing your baby?

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

18. Newborn screening is a blood test done shortly after birth to test for treatable diseases that are not usually apparent in the newborn period. While in the hospital, were you offered a newborn screening test for your baby?

- Yes
- No
- Don't know

19. While in the hospital, did you get the information you needed about immunizations for your baby?

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

20. While in the hospital, did you get enough information about caring for yourself?

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

21. After the birth of your baby, were other family members or those close to you able to stay with you as much as you wanted?

- Never
- Sometime
- Usually
- Always
- No family or friends were involved

22. While in the hospital, did doctors, midwives or nurses respect your wishes for labour and delivery in the care that was provided?

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

23. Before you left the hospital, did hospital staff tell you what symptoms to watch for in your baby?

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

24. Before you left the hospital, were you given enough information about support services available in your community for you and your baby?

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

25. Before you left the hospital, did you get enough information from hospital staff about appointments and tests you and your baby needed after you left the hospital?

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

26. Did your prenatal care prepare you for your labour and delivery at the hospital?

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

27. Was this your first childbirth experience?

- Yes
- No

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

28. What else would you like to say about this inpatient experience?
(Please do not include any names, contact information, or identifying information.)