

# Ontario Adult Inpatient Short-form Patient Experience Survey + Rehabilitation Module

## (OAIP-SF + Rehab 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 11 were adopted by Ontario hospitals and system stakeholders.*

*Questions 12 to 23 are adapted from the British Columbia Patient Reported Experience Measures (PREMS) Steering Committee Rehabilitation Module for use with the Ontario Adult Inpatient Short-form Patient Experience Survey.*

*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

## SPECIFIC QUESTIONS ABOUT YOUR REHAB EXPERIENCE...

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9. During this hospital stay, how often did therapists treat you with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
10. During this hospital stay, how often did therapists listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always
11. During this hospital stay, how often did therapists explain things in a way you could understand?
- Never
  - Sometimes
  - Usually
  - Always
12. During this hospital stay, did your therapists, nurses and doctors work well together?
- Not at all
  - Partly
  - Quite a bit
  - Completely
13. During this hospital stay, were you encouraged to participate in setting your goals?
- Not at all
  - Partly
  - Quite a bit
  - Completely
14. During this hospital stay, was your therapy program explained to you in a way that you could understand?
- Not at all
  - Partly
  - Quite a bit
  - Completely
15. During this hospital stay, were you kept well-informed about your progress in areas that were important to you?
- Not at all
  - Partly
  - Quite a bit
  - Completely
16. During this hospital stay, were your family/friends involved in your rehabilitation as much as you wanted?
- Not at all
  - Partly
  - Quite a bit
  - Completely
17. During this hospital stay, did you accomplish what you expected in your rehabilitation program?
- Not at all
  - Partly
  - Quite a bit
  - Completely

18. During this hospital stay, did the program staff make changes to your program as necessary?

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

19. During this hospital stay, did you learn what you needed to know in order to manage your condition at home?

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

20. During this hospital stay, did your care staff tell you what to expect about how you might progress at home in regaining your abilities?

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

21. During this hospital stay, were you given adequate information about support services in the community?

- Not at all
- Partly
- Quite a bit
- Completely
- I did not require support services

22. Before you left the hospital, did hospital staff make referrals for home care nurses?

- Yes
- No
- I did not require home care nurses

23. Before you left the hospital, did hospital staff make referrals for community therapists/outpatient therapy?

- Yes
- No
- I did not require community therapists/outpatient therapy

**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

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