Technical Appendix for Peer Review.

**Patient Interview**

# Subject study number \_\_\_\_\_\_\_\_ Date of Interview\_\_\_\_\_ Time of Interview\_\_\_\_\_\_\_\_

**Unit (circle)** 16E 16W 13E 13W **Physician ID \_\_\_\_\_**

**Screening questions**

|  |  |  |
| --- | --- | --- |
| What language do you feel most comfortable speaking with your doctor or nurse? | English Spanish Other (specify) | If not English, do not perform interview |
| What is your name?  | able to answer unable to answer | If unable to answer any of these questions, do not perform interview |
| Where are we?  | able to answer unable to answer |
| What is the month?  | able to answer unable to answer |
| What is the day of the week? | able to answer unable to answer |

**Wake Forest University Trust Scale**

I would like to know more about your relationship with your hospital doctor(s). I will give you 10 statements. Tell me if you strongly disagree, disagree, are neutral, agree, or strongly agree with the following statements.

|  |  |
| --- | --- |
| **Statement** | **Response** |
| Your doctor(s) will do whatever it takes to get you all the care you need. |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| Sometimes your doctor(s) care more about what is convenient for them than about your medical needs.  |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| Your doctors’ medical skills are not as good as they should be. |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| Your doctors are extremely thorough and careful |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| You completely trust your doctors’ decisions about which medical treatments are best for you. |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| You doctors are totally honest about all of the different treatment options available for your condition. |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| Your doctors only think about what is best for you. |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
|  Sometimes your doctors do no pay full attention to what you are trying to tell them. |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| You have not worries about putting your life in your doctors’ hands. |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| All in all, you have complete trust in your doctors |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| **Total Score (10-50)** |  |

**Agreement Scale**

Next, I would like to know whether you agree with your hospital physician(s) about your care. Please rate whether you strongly disagree, disagree, are neutral, agree, or strongly agree.

|  |  |
| --- | --- |
| **Question** | **Response** |
| Do you agree with your hospital physician’s explanation for the cause of your primary symptom or symptoms? |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| Do you agree with your hospital physician’s plan for diagnostic tests? |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| Do you agree with your hospital physician’s suggested plan for treatment?  |  1 2 3 4 5Strongly disagree Disagree Neutral Agree Strongly agree |
| **Total Score (3-15)** |  |

**Patient Satisfaction**

Next, I would like to about your experiences during this hospital stay.

|  |  |
| --- | --- |
| During this hospital stay, how often have doctors treated you with courtesy and respect?  | Never Sometimes Usually Always |
| During this hospital stay, how often have doctors listened carefully to you?  | Never Sometimes Usually Always |
| During this hospital stay, how often have doctors explained things in a way you could understand? | Never Sometimes Usually Always |
| 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 stay? | 0 1 2 3 4 5 6 7 8 9 10 |

**Knowledge of Providers and Plan of Care**

The next set of questions relate to your plan of care during this hospital stay.

|  |  |
| --- | --- |
| Did you receive a Physician Facecard? (show example) | Yes No (quickly look around the room to confirm) |
| What are the names of the doctors who are taking care of you *in the hospital?* | (write names below) | Don’t know any |
| (For each physician identified), what is his/her role? Is he/she a medical student, an intern, resident or an attending physician?  | Name | Role (circle) |
|  | Att R I MS don’t know |
|  | Att R I MS don’t know |
|  | Att R I MS don’t know |
|  | Att R I MS don’t know |
| What is the name of your nurse today?  |  | Don’t know |