



As rural residents, access to quality, local health care is a major concern. This survey is designed to allow you and other local residents to share your opinions about health care services. The information you share will help us determine the types of care and services that best fits what (insert name of service area here, usually stated by

whole or part of the communities served) residents, the people we are here to serve, need and want. This is a household survey. That is, please answer this on behalf of all family members living with you, including yourself. The survey is completely confidential, so please be open and honest, and return it as soon as possible. Thank You!

1. List the age and circle the sex of the members of your household, starting with yourself.

Age	Sex	Age	Sex	Age	Sex	Age	Sex
_____	M F	_____	M F	_____	M F	_____	M F
_____	M F	_____	M F	_____	M F	_____	M F
_____	M F	_____	M F	_____	M F	_____	M F

2. If you were to be hospitalized tomorrow, who would pay for most of your bill?

Circle one answer.

- a) You
- b) Private insurance (including employer plans)
- c) Medicare
- d) Medicaid
- e) Other Government (Veteran's Administration, Indian Health, Workers Compensation, CHAMPUS, etc.)
- f) Other, please specify: _____

-
3. How would you rate your knowledge of the health care services available in (insert the name of your community or service area, which usually stated in whole and part of counties)?

Circle one answer.

- a) Excellent
- b) Good
- c) Fair
- d) Poor

4. On a scale of one to 10, how important do you feel it is that (insert the name of YOUR hospital) remain open?

Circle one number

Not
Important

Very
Important

1 2 3 4 5 6 7 8 9 10

5. If the hospital services you or your family needed were provided by each of the hospitals listed below, which hospital would you prefer to use for those services?

Circle once answer.

- a) (insert name of YOUR hospital and town)
- b) (insert name of competing rural hospital A and its town)
- c) (insert name of competing rural hospital B and its town)
- d) (insert name of competing rural hospital C and its town)
- e) (insert name of referral hospital or regional medical centers in your area and its town)
- f) Other (insert in parenthesis examples of other potential hospital towns where people may outmigrate for care): _____

6. How many times have you and/or members of your household been hospitalized overnight during the past two years in each of the following places? Do not count hospitalizations occurring before you lived in (insert the county or counties that comprise your service area).

Enter the number of times hospitalized at each hospital.

- a) (name of YOUR hospital's town) _____
- b) (name of competing rural hospital A's town) _____
- c) (name of competing rural hospital B's town) _____
- d) (name of competing rural hospital C's town) _____
- e) (name of towns with referral hospital or regional medical centers in your area) _____
- f) Other, town and number of hospitalization (in parenthesis examples of other potential hospital towns where people may outmigrate for care): _____

7. In your own words if you like, please list for what condition/services you and/or members of your family were hospitalized and where?

<i>What Condition or (Service)</i>	<i>Name of Hospital</i>

-
8. If you or other household members were hospitalized outside (insert the name of YOUR hospital here) during the past two years, why were other hospitals used? *Circle all the reasons listed below that applies.*
- a) Referred by local physician
 - b) Referred by non local physician
 - c) More privacy at other hospital
 - d) Services less expensive at other hospital
 - e) Quality of services better at other hospital
 - f) Services needed are not provided by (insert name of your hospital here)
 - g) I lack confidence in the skill of the staff at (insert name of your hospital here)
 - h) I lack confidence in the equipment and level of technology at (insert name of your hospital here)
 - i) If other reasons, please specify: _____

9. During the past two years, have you and/or other members of your household used other hospital services – other than overnight hospitalization – provided by (insert name of your hospital here)? Please indicate the number of times used in past two years. *Enter number of times used.*
- a) Emergency room _____
 - b) Lab _____
 - c) X-ray _____
 - d) Physical Therapy _____
 - e) Health education classes _____
 - f) Health screenings
(Blood pressure, cholesterol level, etc) _____
 - g) Other, please specify: _____

10. Please rate (insert the name of your hospital) in each of the following areas:

Circle one answer for each category

Poor = 1: Fair = 2; Good = 3; Excellent = 4.

- | | | | | | | |
|----|--|---|---|---|---|------------|
| a) | Quality of care | 1 | 2 | 3 | 4 | Don't know |
| b) | Physician care | 1 | 2 | 3 | 4 | Don't know |
| c) | Nursing care | 1 | 2 | 3 | 4 | Don't know |
| d) | Business office staff | 1 | 2 | 3 | 4 | Don't know |
| e) | Staff concern/compassion | 1 | 2 | 3 | 4 | Don't know |
| f) | Attentiveness of staff | 1 | 2 | 3 | 4 | Don't know |
| g) | Friendliness of staff | 1 | 2 | 3 | 4 | Don't know |
| h) | Building cleanliness | 1 | 2 | 3 | 4 | Don't know |
| i) | Emergency room | 1 | 2 | 3 | 4 | Don't know |
| j) | Food | 1 | 2 | 3 | 4 | Don't know |
| k) | Billing/financial services | 1 | 2 | 3 | 4 | Don't know |
| l) | Outpatient services (lab, x-ray, physical therapy, etc.) | 1 | 2 | 3 | 4 | Don't know |
| m) | Admission process | 1 | 2 | 3 | 4 | Don't know |
| n) | Equipment | 1 | 2 | 3 | 4 | Don't know |
| o) | Hospital administration | 1 | 2 | 3 | 4 | Don't know |
| p) | Hospital board of directors | 1 | 2 | 3 | 4 | Don't know |

11. What services would you like to have provided by (insert name of your hospital)?

Please list _____

12. How do you feel about the amount of local tax dollars spent on medical care in (name of your community or service area)?

- a) Too much
- b) About right
- c) Too little
- d) Don't know

13. What percent of (insert your hospital's name) operating expenses would you estimate are supported by local taxes?

Circle one answer.

- | | | | |
|----|-----------|----|-----------|
| a) | 1% - 10% | d) | 51% - 70% |
| b) | 11% - 30% | e) | 71% - 90% |
| c) | 31% - 50% | f) | Over 90% |

14. In what town is your personal physician located?

Circle one answer.

- a) (insert your town's name)
- b) (insert name of physician Town A)
- c) (insert name of physician Town B)
- d) (insert name of physician Town C)
- e) (insert name of physician Town D)
- f) (insert name of physician Town E)
- g) (and so on)
- h) I don't have a personal physician

15. How many visits to physicians, physician assistants and nurse practitioners did you and or members of your household make during the past year to physicians, physician assistants and nurse practitioners located in each of the following towns. Do NOT count hospital inpatient visits. Do not count visits occurring before you lived in (name of your service area).

Enter number of visits to physicians, physician assistants, and nurse practitioners in each town

a) Your town's name _____

b) Town A _____

c) Town B _____

d) Town C _____

e) Town D _____

f) Town E _____

g) Name of town where
area regional medical
center or referral hospital
is located _____

h) Other towns, please name and number of visits:

16. Why did you or household members see physicians located outside (insert name of your community OR SERVICE AREA here) during the past year?

Circle either 1 or 2 behind each response listed

	Yes a reason	Not a reason
a) Services/specialty not provided locally	1	2
b) Quality of physician care better elsewhere	1	2
c) Physician services less expensive elsewhere	1	2
d) Referred by local physician	1	2
e) Referred by non local physician	1	2
f) Takes too long to get an appointment with local physicians	1	2
g) Wait too long in local physician's office	1	2
h) Non local physicians offer more privacy	1	2
i) Do not trust the competency of the local physicians	1	2
j) Unsure of the abilities and limitations of local physicians	1	2
k) Do not like bedside manner of local physicians	1	2
l) Insurance requires seeing certain physicians	1	2

17. What physician specialists or health care provider types did you and/or members of your family see outside (insert name of YOUR community or service area here) in the last year?

Circle all that apply.

- | | |
|--------------------------------|---------------------------------|
| a) Obstetrician/gynecologist | g) Cardiologist |
| b) Pediatrician | h) Orthopedic surgeon |
| c) Internist | i) Nurse practitioner |
| d) Family/general practitioner | j) Physician assistant |
| e) Urologist | k) Nurse midwife |
| f) General surgeon | l) Other, please specify: _____ |

18. How would you rate each of the following aspects of the overall physician care provided in (insert the name of YOUR community or medical staff service area here)? *Circle one answer for each row.*

Excellent = 1; Good = 2; Fair = 3; Poor = 4

a)	Quality of care	1	2	3	4	Don't know
b)	Competence of nursing staff	1	2	3	4	Don't know
c)	Availability of physician care during evenings and weekends	1	2	3	4	Don't know
d)	Billing services	1	2	3	4	Don't know
e)	Cost of services	1	2	3	4	Don't know
f)	Physician bedside manner	1	2	3	4	Don't know
g)	Friendliness of office staff	1	2	3	4	Don't know
h)	Amount of time spent waiting in waiting room	1	2	3	4	Don't know
i)	Ability to schedule timely appointments	1	2	3	4	Don't know
j)	Appearance of clinic facility	1	2	3	4	Don't know

19. If you currently see a physician outside the community, and a new, full-time physician was to establish a practice in (insert name of YOUR community or service area here), would you transfer your care to this new physician?

Circle one answer.

- a) YES
- b) NO
- c) Yes, if (specify what conditions would have to be met in order for you to transfer care to him/her):

20. How satisfied are you with each of the following aspects of health care in (insert name of YOUR community or service area)? *Circle one answer in each row.*

Dissatisfied = 1; Satisfied = 2; Very Satisfied = 3.

- | | | | | | |
|----|---------------------------------------|---|---|---|------------|
| a) | (Name your hospital) | 1 | 2 | 3 | Don't know |
| b) | (Your hospital name) | 1 | 2 | 3 | Don't know |
| c) | Emergency room | 1 | 2 | 3 | Don't know |
| d) | Local physicians | 1 | 2 | 3 | Don't know |
| e) | Dentists | 1 | 2 | 3 | Don't know |
| f) | Hospital pharmacy | 1 | 2 | 3 | Don't know |
| g) | Drug store pharmacy | 1 | 2 | 3 | Don't know |
| h) | Ambulance service | 1 | 2 | 3 | Don't know |
| i) | Counseling/mental health services | 1 | 2 | 3 | Don't know |
| j) | Alcohol/drug abuse treatment services | 1 | 2 | 3 | Don't know |
| k) | Hospice care | 1 | 2 | 3 | Don't know |
| l) | Nursing home care | 1 | 2 | 3 | Don't know |
| m) | Home health care | 1 | 2 | 3 | Don't know |
| n) | Obstetrical care | 1 | 2 | 3 | Don't know |
| o) | Public health nurse | 1 | 2 | 3 | Don't know |
| p) | Health education | 1 | 2 | 3 | Don't know |
| q) | Health screenings | 1 | 2 | 3 | Don't know |
| r) | Preventive health care | 1 | 2 | 3 | Don't know |
| s) | Surgical services | 1 | 2 | 3 | Don't know |

21. In your opinion, are any of the following health care issues a problem in (insert name of YOUR community or service area)? *Circle one number for each issue listed.*

	Serious	Mild	Not a problem
a) Too few physicians	1	2	3
b) Too few physician services	1	2	3
c) Too few hospital services	1	2	3
d) Hospital care too expensive	1	2	3
e) Physician care too expensive	1	2	3
f) Some physicians have poor image	1	2	3
g) Some hospital staff are of low quality	1	2	3
h) Lack of public support for health care services	1	2	3
i) Lack of public information on local health care services	1	2	3
j) Hospital has poor image	1	2	3
k) Takes too long to see local doctors	1	2	3
l) Local doctors do not refer to specialists quick enough	1	2	3
m) Local doctors refer to specialists to quick	1	2	3

22. If you travel outside of (insert name of YOUR community or service area here) for hospital or physician care, how often do you shop for consumer goods (household goods, clothing, medications, automotive, etc.) on the same trip? *Circle one answer.*

- | | |
|-----------|-------------------|
| a) Always | b) Occasionally |
| c) Never | d) Does not apply |

23. On the average, how much money do you spend for consumer goods each time your travel outside (insert name of YOUR community or service area here) for medical care? *Circle one answer.*

- a) \$1 - \$20
- b) \$21 - \$50
- c) \$51 - \$100
- d) over \$100

24. If you could change three things about health care in (insert name of YOUR community or service area here), what changes would you make?

Please list.

- a) _____
- b) _____
- c) _____

25. What is your zip code? _____

26. How long have you lived in (name of YOUR service area)? _____ Years

27. Which of the categories best describes your yearly total household income?
Circle one answer.

- a) Less than \$5,000
- b) \$5,000 - \$9,999
- c) \$10,000 - \$14,999
- d) \$15,000 - \$24,999
- e) \$25,000 - \$49,999
- f) \$50,000 or more

28. If you would like to make any additional comments about local health care, please do so below.

Please return the survey in the self-addressed, postage paid envelope provided or by sending it to:

Contact Person's Name

ORGANIZATION

ADDRESS

TOWN, STATE, ZIP CODE