



# INPATIENT OBSTETRICAL SURVEY

We thank you in advance for completing this questionnaire.

## BACKGROUND QUESTIONS [write in answer or fill in circle completely (for example ●) as appropriate]

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 1. Patient's first stay here:  | <input type="radio"/> | <input type="radio"/> |
| 2. Admitted through the Emergency Department:  | <input type="radio"/> | <input type="radio"/> |
| 3. Was your admission unexpected?  | <input type="radio"/> | <input type="radio"/> |
| 4. Did you have a roommate?  | <input type="radio"/> | <input type="radio"/> |
| 5. Were you placed on a special or restricted diet during most of your stay?                             | <input type="radio"/> | <input type="radio"/> |
| 6. Did someone explain your extended life support (e.g., living will, advance directives, etc.) options? | <input type="radio"/> | <input type="radio"/> |
| 7. Did someone give your information about organ donation?   | <input type="radio"/> | <input type="radio"/> |
| 8. Did someone give you information about the Patient's Bill of Rights?                                  | <input type="radio"/> | <input type="radio"/> |
| 9. Do you have insurance that limits your choice of physician or provider (e.g., HMO or PPO)?            | <input type="radio"/> | <input type="radio"/> |

10. Main source of payment for hospital stay: (fill in one circle only)

11. Room Number:

12. Patients age:

13. Number of days in hospital:

- Private Insurance
- Medicare
- Medicaid
- Worker's Compensation
- Self-Pay

- |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
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| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |

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| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
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| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |

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| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |

14. Date of discharge:

15. Compared to others your age, how would you typically describe your health?

- | Month                   | Day                     | Year                    |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |

Very Poor	Poor	Fair	Good	Very Good
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- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

**INSTRUCTIONS:** Please rate the services you received from our facility. Fill in the circle that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

<b>A. ADMISSION</b>	Very Poor	Poor	Fair	Good	Very Good
1. Speed of admission process:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Courtesy of the person who admitted you:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):					
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<b>B. ROOM</b>	Very Poor	Poor	Fair	Good	Very Good
1. Pleasantness of room decor:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Room cleanliness:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of person who cleaned your room:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Room Temperature:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Noise level in and around room:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):					
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<b>C. MEALS</b>	Very Poor	Poor	Fair	Good	Very Good
1. Temperature of the food (cold foods cold, hot foods hot):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Quality of the food:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of the person who served your food:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):					
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<b>D. NURSING CARE BEFORE &amp; DURING DELIVERY</b>	Very Poor	Poor	Fair	Good	Very Good
1. Helpfulness of the directions you received to the childbirth unit:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Friendliness/courtesy of staff on childbirth:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Appearance of your birthing room:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Staff introduction of themselves:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Information provided about monitoring and special procedures:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff concern to keep you informed about progress of labor and baby's condition:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Nurses' information and assistance with breathing/pushing:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Nurses' promptness in responding to call button:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How well the recovery room staff answered your questions and concerns after C-Section:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):					
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E. NURSING CARE AFTER DELIVERY		Very Poor	Poor	Fair	Good	Very Good
1.	Friendliness/courtesy of the nurses:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Promptness in responding to the call button:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Nurses' attitude toward your request:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Amount of attention paid to your special or personal needs:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	How well the nurses kept you informed:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Skill of the nurses:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Amount of time you had to bond with your baby:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						
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F. NEWBORN INTENSIVE CARE		Very Poor	Poor	Fair	Good	Very Good
1.	Friendliness/courtesy of the NICU nurses:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Degree to which you were involved in decisions regarding your child's care:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Instructions you received regarding caring for your child:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Explanation of equipment on or near your child:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Amount of attention paid to your child's special or personal needs:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	How well NICU nurses kept you informed:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Skill of NICU nurses:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						
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G. TEST AND TREATMENTS		Very Poor	Poor	Fair	Good	Very Good
1.	Waiting time for tests or treatments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Concern shown for your comfort during tests or treatments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Explanations about what would happen during tests or treatments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Skill of the person who took your blood (i.e., did it quickly, minimal pain):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Courtesy of person who took your blood:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Skill of the person who started the IV (i.e. did it quickly, minimal pain):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Courtesy of the person who started the IV:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						
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H. VISITORS AND FAMILY		Very Poor	Poor	Fair	Good	Very Good
1.	Helpfulness of the people at the information desk:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Accommodations and comfort for visitors:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Staff attitude towards your visitors:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Information given to your family about your condition and treatment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						
<hr/>						

I. PHYSICIAN	Very Poor	Poor	Fair	Good	Very Good
1. Time the physician spent with you:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physician's concern for your questions and worries:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well the physician kept you informed:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Friendliness/courtesy of the physician:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Skill of the physician:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):					
_____					
_____					

J. DISCHARGE	Very Poor	Poor	Fair	Good	Very Good
1. Extent to which you felt ready to be discharged:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Speed of discharge process after you were told you could go home:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Instructions given about how to care for yourself at home:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Help with arranging home care services (if needed):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):					
_____					
_____					

K. PERSONAL ISSUES	Very Poor	Poor	Fair	Good	Very Good
1. Staff concern for your privacy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How well your pain was controlled:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Degree to which hospital staff addressed your emotional needs:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Response to concerns/complaints made during your stay:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff effort to include you in decisions about your treatment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):					
_____					
_____					

L. OVERALL ASSESSMENT	Very Poor	Poor	Fair	Good	Very Good
1. Overall cheerfulness of the hospital:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How well staff worked together to care for you:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Likelihood of your recommending this hospital to others:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Help with arranging home care services (if needed):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):					
_____					
_____					

Patient's Name: (optional) \_\_\_\_\_

Telephone Number: (optional) \_\_\_\_\_