Directions: Please answer the following questions on this survey as best as possible. Fill in the bubbles completely and do not make any stray marks. Please submit to front desk when completed. Thank you in advance for your time and patience when completing this survey.

|  |
| --- |
| **What is your medical specialty?** |
| Anesthesiology |  |  | Cardiovascular surgery |  |
| Emergency medicine |  |  | Family practice |  |
| General surgery |  |  | Hematology/oncology |  |
| Internal medicine |  |  | Neonatology |  |
| Neurology/neurosurgery |  |  | Obstetrics/gynecology |  |
| Otorhinolaryngology |  |  | Ophthalmology |  |
| Orthopedic/surgery |  |  | Pathology |  |
| Pediatrics |  |  | Plastic surgery |  |
| Psychiatry |  |  | Radiology |  |
| Thoracic surgery |  |  | Urology |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **How many years have you been practicing medicine (post-internship)?** |
| < 5 |  |  |  |  |  |
| 5-9 |  |  |  |  |  |
| 10-14 |  |  |  |  |  |
| 15-19 |  |  |  |  |  |
| 20 or more |  |  |  |  |  |

|  |
| --- |
| **How many years have you been practicing medicine in this community?** |
| < 5 |  |  |  |  |  |
| 5-9 |  |  |  |  |  |
| 10-14 |  |  |  |  |  |
| 15-19 |  |  |  |  |  |
| 20 or more |  |  |  |  |  |

|  |
| --- |
| **Is your practice:** |
| Hospital based |  |  |  |  |  |
| An individual practice |  |  |  |  |  |
| A small group practice (5 or fewer physicians) |  |  |  |  |  |
| A large group practice (6 or more physicians) |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

|  |
| --- |
| **This next section refers to the hospital where you admit the most patients:** |
|  | Strongly agree | Somewhat agree | Neutral | Somewhat disagree | Strongly disagree | No opinion |
| Administration listens to physician concerns |  |  |  |  |  |  |
| Administration listens to physician concerns, but responds to the wrong physician groups |  |  |  |  |  |  |
| I have a good professional relationship with administration |  |  |  |  |  |  |
| During the last year my professional relationship with administration has improved |  |  |  |  |  |  |

|  |
| --- |
| **Professional referrals may be made based on a number of factors. For the following items, please indicate the extent to which you think each is important in selecting a hospital for your patients.** |
|  | Strongly agree | Somewhat agree | Neutral | Somewhat disagree | Strongly disagree | No opinion |
| The price of hospital services |  |  |  |  |  |  |
| Your satisfaction with the medical staff |  |  |  |  |  |  |
| The reputation of the hospital |  |  |  |  |  |  |
| The reputation of hospital based physicians |  |  |  |  |  |  |
| The reputation of specialists practicing at the hospital |  |  |  |  |  |  |
| Communication between you and the consulting physician |  |  |  |  |  |  |
| Competence of nursing staff |  |  |  |  |  |  |
| Past experiences of patients |  |  |  |  |  |  |
| Economic condition of the patient |  |  |  |  |  |  |
| Convenience of hospital for patient and family |  |  |  |  |  |  |
| Patient hospital preference |  |  |  |  |  |  |
| Religious preference |  |  |  |  |  |  |
| The likelihood of them referring your patients to you |  |  |  |  |  |  |

|  |
| --- |
| **When a patient needs hospital care, who selects the hospital or other care facility?** |
| I usually decide |  |
| I decide based on information from the patient |  |
| The patient and I decide together |  |
| The patient decides based on information I provide |  |

**Thank you again for taking the time to respond.**