



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"/>

<p>10. Main source of payment for hospital stay: (fill in one circle only)</p> <p><input type="radio"/> Private Insurance</p> <p><input type="radio"/> Medicare</p> <p><input type="radio"/> Medicaid</p> <p><input type="radio"/> Worker's Compensation</p> <p><input type="radio"/> Self-Pay</p>	<p>11. Room Number:</p> <table border="0"> <tr><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td></tr> <tr><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td></tr> <tr><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td></tr> <tr><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td></tr> <tr><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td></tr> <tr><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td></tr> <tr><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td></tr> <tr><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td></tr> <tr><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td></tr> <tr><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td></tr> </table>	<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	<input type="radio"/> 6	<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"/> 7	<input type="radio"/> 8	<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"/> 9	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<p>12. 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Date of discharge:</p> <table border="0"> <thead> <tr> <th style="text-align: center;">Month</th> <th style="text-align: center;">Day</th> <th style="text-align: center;">Year</th> </tr> </thead> <tbody> <tr><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td></tr> <tr><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td></tr> <tr><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td></tr> <tr><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td></tr> <tr><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td></tr> <tr><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td></tr> <tr><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td></tr> <tr><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td></tr> <tr><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td></tr> <tr><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td></tr> </tbody> </table>	Month	Day	Year	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<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"/> 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"/> 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"/> 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	<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"/> 6	<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"/> 7	<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"/> 8	<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"/> 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	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<p>15. Compared to others your age, how would you typically describe your health?</p> <table border="0"> <thead> <tr> <th style="text-align: center;">Very Poor</th> <th style="text-align: center;">Poor</th> <th style="text-align: center;">Fair</th> <th style="text-align: center;">Good</th> <th style="text-align: center;">Very Good</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>	Very Poor	Poor	Fair	Good	Very Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
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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.

A. ADMISSION	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. ROOM	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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C. MEALS	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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D. NURSING CARE BEFORE & DURING DELIVERY	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):

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):

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):

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):

I. PHYSICIAN	Very Poor	Poor	Fair	Good	Very Good
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- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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
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|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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
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|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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
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|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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) _____