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**Healthcare Hospitality Impact Survey**

**Patient Survey**

**1. Describe the primary medical reason for your medical treatment during your most recent stay at the medical hospitality house.**

Cancer  Cardiac (Heart)

Neurology (Brain/Stroke, etc.)  Premature Birth

Orthopedic (Bone, Joint, Non-Cancer Related)  Accident

Non-Cancer Related Transplant (Organ, Tissue,  Other (please specify):

etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**2. During the time you were staying in our medical hospitality house, what was the zip code of your permanent residence?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**3. Please describe your permanent housing situation at the time of your stay at the medical hospitality house. (Check all that apply)**

I was renting a house or apartment  I was living in a house that I owned

I was homeless  I was living with a family member

I was living with a friend  Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**4. What type of health insurance did you have during your hospitalization?**

Direct Purchase Insurance/Marketplace Plans etc.  Employer Provided Group Health Insurance

Medicaid/CHIP  Medicare

Military Insurance (Tricare)  Workers Compensation

Uninsured  Tribal Health Service (Example: Cherokee Nations Health)

**5. What was the name of your insurance provider at the time of your stay in our medical hospitality house? (Example: BCBS, Aetna, Kaiser Permanente, Humana, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**6. Did you purchase insurance through Marketplace/Exchange provided by the Affordable Care Act (aka Obamacare)?**

Yes

No

Unsure

**7. Including yourself, describe the number of individuals in your household that were supported by your income.**

\_\_\_\_\_\_\_\_ **individuals**

**8. During your stay at our medical hospitality house for this specific medical crisis only, what was the dollar amount which you were responsible to pay after insurance (if any) paid its part? (This figure can include estimates of co-pays, deductibles, medication cost and other medical expenses not covered by your insurance provider.)**

**$** \_\_\_\_\_\_\_\_\_\_\_\_

**9. During your stay at our medical hospitality house for this specific medical crisis only, what was the cost of additional non-medical expenses? (This figure can include estimates of travel expenses such as meals, fuel and transportation, and lodging.)**

**$** \_\_\_\_\_\_\_\_\_\_\_\_

**10. If the medical hospitality house decreased your out of pocket expenses, describe in order of importance what your money was spent on. (Please rank with 1 being the most important and 7 being the least important.)**

\_\_\_\_ **Car payment** \_\_\_\_ **Groceries** \_\_\_\_ **Medical Bills**

\_\_\_\_ **Medical insurance premiums** \_\_\_\_ **Mortgage or rent payment** \_\_\_\_ **Utility bills**

\_\_\_\_ **Prescribed medications OR**  N/A

**11. Did the savings you experienced staying at our medical hospitality house (versus paying for a hotel/motel/apartment) help you avoid a foreclosure or eviction from your permanent home or residence?**

Yes

No

**12. How many total days of work did you miss due to this medical crisis?**

\_\_\_\_\_ **days OR**  Does not apply to my situation

**13. Please select the primary decision to stay with the medical hospitality house:**

Cost  Close proximity to patient/hospital/treatment center

Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**14. Please describe how the cost or savings of staying at our medical hospitality house impacted your decision to stay (check most accurate statement.)**

Not significant, we could have stayed at a hotel.

Somewhat significant, paying for a hotel for more than several nights would have been a financial hardship on our family.

Very significant, we could not have afforded to stay in a hotel or motel.

**15. Was your hospitalization/treatment a planned appointment?**

Yes

No

**16. DURING your hospitalization or treatment, where were you primarily sleeping BEFORE you checked into our medical hospitality house? (Check all that apply.)**

Family/friend  Home residence  Hospitality waiting room

Hospital room in a bed  Hospital room in a chair  Vehicle

Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**17. Referring to where you were sleeping BEFORE you checked into the medical hospitality house, how many hours of sleep were you getting each night?**

\_\_\_\_\_\_\_\_ **hours**

**18. AFTER you checked into the medical hospitality house, how many hours of sleep were you getting each night?**

\_\_\_\_\_\_\_\_ **hours**

**19. DURING your hospitalization/treatment and BEFORE you checked into the medical hospitality house, how many meals were you eating a day?**

\_\_\_\_\_\_\_\_ **meals per day**

**20. DURING your hospitalization/treatment and AFTER you checked into the medical hospitality house, how many meals were you eating a day?**

\_\_\_\_\_\_\_\_ **meals per day**

**21. DURING your hospitalization/treatment, what was the dollar amount you spent on meals per day while you were staying at the medical hospitality house?**

**$** \_\_\_\_\_\_\_\_\_\_\_\_

**22. BEFORE your stay at the medical hospitality house, how would you have rated your physical health?**

Very Poor  Poor  Fair  Good  Excellent

**23. BEFORE your stay at the hospitality house, how would you have rated your level of anxiety/worry during this medical crisis?**

No worry  Mild anxiety/worry  Moderate anxiety/worry  Severe anxiety/worry

**24. DURING your stay at our medical hospitality house, how would you have rated your physical health?**

Very Poor  Poor  Fair  Good  Excellent

**25. DURING your stay at our medical hospitality house, how would you have rated your level of anxiety/worry?**

No worry  Mild anxiety/worry  Moderate anxiety/worry  Severe anxiety/worry

**26. DURING your stay at the medical hospitality house, were there any needs or services important to you that were not provided during your medical crisis away from home? (Check all that apply.)**

Transportation to and from the hospital  More meal and snack items needed

Additional meals other than evening meals provided by  Other (please specify):

volunteers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**27. Which of these additional services, if not already available, DURING your stay at the medical hospitality house would have been helpful (Check all that apply.)**

Chaplain or spiritual counsel at the medical hospitality house

Evening activities involving opportunities to be with other families

Health education and information classes regarding your patient’s diagnosis, new dietary changes, caregiving at home, etc.

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**28. Thinking about services, rest quality, meals provided, or distance to the hospital or treatment center, what impact did the medical hospitality house have on your stress level?**

Very Positive  Positive  No Impact  Negative  Very Negative

**29. Thinking about services, rest quality, meals provided, or distance to the hospital or treatment center, what was the impact your stay at our medical hospitality house had on your physical health?**

Very Positive  Positive  No Impact  Negative  Very Negative

**30. Please explain how staying in the medical hospitality house negatively affected your physical health:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**31. How do you think your health was affected by your stay in the medical hospitality house?**

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**32. How would you rate your physical health UPON CHECKING OUT of the medical hospitality house?**

Excellent  Good  Fair  Poor  Very Poor

**33. How would you rate your level of anxiety/worry UPON CHECKING OUT of the medical hospitality house?**

Excellent  Good  Fair  Poor  Very Poor

**34. Please rate the impact that the presence of the medical hospitality house staff and volunteers had on your anxiety/worry level?**

Very Positive  Positive  No Impact  Negative  Very Negative

**35. What were the biggest challenges or needs in your health crisis situation once you returned home? Please rank with 1 being the biggest challenge and 8 being the least challenging.**

\_\_\_\_\_ **Installation of physical assistance equipment** \_\_\_\_\_ **Financial assistance**

**such as wheelchair ramps or grab-bars for bathrooms**

\_\_\_\_\_ **Emotional support** \_\_\_\_\_ **Transportation**

\_\_\_\_\_ **Spiritual support** \_\_\_\_\_ **Physical support with daily activities**

\_\_\_\_\_ **Meals brought to patient’s home** \_\_\_\_\_ **Assistance with household chores during patient’s recovery**

**OR**  N/A

**36. AFTER you were discharged from the hospital or outpatient treatment, did you have any unplanned readmissions within 30 days to any hospital for complications from the same diagnosis?**

Yes

No

**\*We appreciate you taking the time to provide the following demographic information as it will help us secure more funding for families in medical crisis.**

**37. Are you a U.S. veteran or active duty U.S. military member?**

Active

Veteran

N/A

**38. What branch of the U.S. Military?**

U.S. Army  U.S. Navy  U.S. Air Force

U.S. Marines  U.S. Coast Guard  N/A

**39. What is your gender?**

Male  Female  Non-binary/third gender  Prefer not to disclose

Other (Prefer to self-describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**40. What was your age when you last stayed at the medical hospitality house?**

\_\_\_\_\_\_\_\_ **years**

**41. What is your highest level of education completed? (Check only one.)**

Some school, but no high school diploma or GED  High school diploma or GED

Some college, but no degree  Two-year college degree

Four-year college degree  Graduate degree and beyond

Vocational training certificate  Other (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**42. At the time of your stay at the medical hospitality house what was your employment status?**

Full-time  Left work due to medical crisis

Part-time  Receiving disability compensation

Retired  Self-employed

Took leave of absence due to medical crisis  Unemployed, not seeking work

Unemployed, seeking work

**43. Please describe your annual household income at the time of your stay.**

**$** \_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for participating in this important survey!**

**Your feedback allows us to show how our services have impacted families in medical crisis and improve our services in order to assist more families.**

**44. How easy or hard was this survey for you?**

Very Easy  Easy  Neither easy nor difficult  Difficult  Very Difficult