

HHN 2015 Member Survey: Services, Salaries & Budgets

1. HHN Membership Survey

Thank you for participating in this important survey. The data you provide helps our network of members in their strategic planning, budgeting and fundraising.

PLEASE RESPOND BY: March 3, 2015

To have your information included in the survey results, please complete this survey no later than 5pm Pacific Time, Tuesday, March 3rd

Results received after that time may not be included in the final report.

ANONYMITY:

If you include your contact information at the conclusion of the survey, please note that your identifying information will NOT be attached to your specific answers.

TIME COMMITMENT:

This survey has been tested to take about 20-30 minutes.

If you need to leave the survey before finishing it, click on Exit Survey at the top of each page. To go back to where you left off, follow the link in the original email from the SAME computer you began the survey on. Otherwise you will not be taken back to your uncompleted survey.

WHAT IF:

For questions that may not apply to your house, you can skip most questions.

THE SURVEY SECTIONS:

1. Welcome page
2. Demographics & membership information
3. About your house
4. Who you serve
5. Service data
6. Cost of running your house
- 7-9. Employees wages & benefits
- 10-22. Staff Positions
23. House budget & the economy
24. Job descriptions & budgets
25. Non-member houses
26. Enter drawing for membership dues credit

Again, THANK YOU!

2. Demographics and Membership Information

*1. What type of HHN membership do you have?

- Provisional Member: Not providing lodging yet
- House Member: Providing lodging

2. State: (if Canadian, go to next question)

State:

3. If Canadian: Province

*4. What year did you join HHN?

*5. What year did your house start providing lodging?

Comment

*6. Please indicate the number of staff and volunteers:

Paid Staff:

Volunteers (non Board Members):

Board Members:

Total FTE, if known:

7. Number of volunteer hours provided in 2014 (or most recent full year for which you have data):

8. We are staffed:

- All day, every day (24/7/365): A staff member or volunteer is always at the house
- Daily (including Saturdays & Sundays) for a set number of hours, but not overnight
- Monday through Friday for a set number of hours but not on weekends

Other (please specify)

9. We require CPR/First Aid Certification for:

- We do not require it of anyone
- All Staff
- Some Staff
- All Volunteers
- Some Volunteers

Comment

10. If you do not currently require CPR for some or all of your staff, are you in the process of re-evaluating that policy?

- Yes
- No

Comments

11. We have an Emergency / Disaster Plan for the house:

- Yes
- No, but we are in the process of developing a plan
- No and not in the process of developing a plan
- Don't know

If you have a plan, would you be willing to send it to HHN to share with other members? Please email as a PDF.

3. About Your House

Please provide the following information about your existing house.

If you are a Provisional Member (your house is not yet open) please answer based on your plans for a house.

12. Number of guest rooms:

Other (please specify)

13. Our house (the building) is OWNED by the following organization(s) (Check all that apply)

- A 'stand alone' 501(c)3 organization (independent of any other organization)
- Hospital or hospitals
- Hospital foundation or auxiliary
- Healthcare system
- Faith-based organization
- Community or private foundation
- American Cancer Society
- Ronald McDonald House
- Fisher House
- Private company
- Other

Other (please specify)

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14. We are OPERATED by the following organization(s) (Check all that apply)

- A 'stand-alone' 501(c)3 organization (Independent of any other organization)
- Hospital or hospitals
- Hospital foundation or auxiliary
- Healthcare system
- Faith-based organization
- Community or private foundation
- American Cancer Society Hope Lodge
- Ronald McDonald House
- Fisher House
- Private company
- Other

Other (please specify)

15. Our house is physically located: (If you have more than one location, check all that apply.)

- Stand-alone house NOT on the hospital campus
- Stand-alone house ON the hospital campus
- Inside the hospital
- Inside a church or place of worship
- Other:

Other (please specify)

16. We have the following number of separate houses in which we provide lodging.

Other (please specify)

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17. If you do have a house(s), do you have arrangements with hotels or other organizations for overflow guests?

- Yes
- No
- Only in some circumstances
- Other

Other (please specify)

18. If you do not have a house, do you provide lodging through arrangements with a hotel or other local resource?

- Yes
- No
- Does not apply

Comment

19. Do you have a live-in apartment for the house manager and/or for night & weekend staff to use?

- We do not have a house yet, but we will NOT have a live-in room/apartment
- We do not have a house yet, but we WILL have a live-in room/apartment
- We do not have a house yet and we do not know if we will have a live-in room/apartment
- Yes, we do have a live-in room/apartment
- No, we do not have a live-in room/apartment

Comment

20. Do each of your guest rooms have private bathrooms?

- Yes, every guest room has a private bath
- Yes, some but not all of the rooms have private baths
- No, none of the rooms have private baths

Other (please specify)

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21. Which of the following areas do you have available for all guests to use? (Check all that apply.)

- Kitchen
- Dining room
- Living / Parlor / Sitting room
- Office, Library, and/or Computer room
- Laundry room
- Playroom
- Exercise room
- Music room
- Worship area
- Outside garden
- Outside gathering areas
- Outside playground
- Day-Use room available for guests not staying at the hospitality house

Other (please specify)

4. Who You Serve

Please provide information on who is served by your house / organization, and the types of services provided.

If you are a Provisional Member (your house is not yet open) please answer based on your plans.

22. We serve the following guests:

- Out-patients and caregivers (families)
- Only caregivers (no patients)
- Only veterans and their families
- Other:

Other (please specify)

23. We have the following age restrictions for our guests:

- Adults only
- Adults and children under 21 years
- Adults and children under 18 years
- Adults and children under ____ years (please add age limit below)

Age limit:

24. We provide lodging for following illnesses / injuries:

- Any illness or injury
- Cancer only
- Transplant only
- Pediatric only
- Other

Other (please specify)

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5. Service Data

Please provide information on the number of families/guests you serve. Use your data from 2014; if that information is not available, please use the data from the most recent year available.

25. We track the following data:

- Number of guests served each year
- Number of nights of lodging each year
- Both number of guests AND nights of lodging

Comment

26. We count the number of GUESTS as:

(Provisional Members answer based on how you plan to count guests.)

- We are not open yet and do not know how we will count guests
- Each individual is counted 1 time for every night they stay (1 guest for 7 nights = 7 guests).
- Each individual is counted 1 time no matter how many nights they stay (1 guest for 7 nights = 1 guest).
- Each family is counted as 1 guest and counted 1 time for every night they stay (1 family for 7 nights = 7 guests).
- Each family is counted as 1 guest and counted only once no matter how many nights they stay (1 family for 7 nights = 1 guest).

Comments

27. Please provide the total number of GUESTS served in 2014 (or the most recent year for which you have data):

2014: Total Guests Served

2013: If 2014 data not available, total number of Guests in 2013

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28. We count NIGHTS of LODGING by:

- By rooms regardless of how many beds are occupied
- By number of occupied beds (2 beds in 1 room counts as 2 nights of lodging if occupied. If just 1 is occupied, it is counted as 1 night of lodging)

Comments

29. We count the number of NIGHTS of LODGING provided annually by: (Provisional members answer how you plan to count nights of lodging)

- We are not open yet and do not know how we will count nights
- Every night a bed is occupied is counted as 1 night. If a bed is not occupied, it is not counted.
- Every bed is multiplied by 365 nights regardless if it is occupied.
- We do not track number of NIGHTS.

Comments

30. Please provide the number of NIGHTS of LODGING you provided in 2014 (or the most recent year for which you have data):

2014: Nights of Lodging

2013: If data for 2014 is not available, total Nights of Lodging in 2013

31. On average, what was your OCCUPANCY RATE for 2014 (or the most recent year for which you have data)?

32. Do you accept reservations or is it first-come, first-served? (Check all that apply.) (Provisional members answer based on your plan)

- Reservations
- First-come, first-served
- Waiting Lists
- Other

Other (please specify)

33. If you have waiting lists, how long is the typical wait?

- We do not typically have a waiting lists
- We often have waiting lists, but we do not track the wait time
- Wait ranges from 1 to 3 days
- Wait ranges from 4 to 7 days
- Wait ranges from 1 week to 2 weeks
- Wait ranges from 3 weeks to 1 month
- Wait ranges 2 months or longer
- Other

Other (please specify)

34. The AVERAGE length of stay for our guests is:

- We are not open yet
- We are open but do not track this information
- 1 to 3 days
- 4 to 7 days
- 1 to 2 weeks
- 3 to 4 weeks
- 1 to 2 months
- 3 to 4 months
- 5 to 6 months
- Longer that 6 months

35. Is transportation provided between your house and the hospital? (Check all that apply.)

- No, it is within walking distance
- No, it is up to the guests to have their own transportation
- We do not offer transportation but have arranged for reduced rates with a cab company
- Yes, we have a van or car that staff or volunteers drive
- Yes, the hospital provides the transportation
- Other

Other (please specify)

6. Cost of Running Your House

Please provide information about your house or, for Provisional members, your plans for your future house.

36. What is the ACTUAL hard cost per night, per room to run your hospitality house? ('Hard cost' includes cost of staffing, operations, housekeeping, maintenance, etc.)

- We are not open yet and do not know what it will cost
- We are not open yet, but we have a budget that includes cost per night
- We do not have this information
- Under \$25 per night
- \$25 to \$49 per night
- \$50 to \$74 per night
- \$75 to \$99 per night
- \$100 to \$149 per night
- \$150 or more per night

Other (please specify)

37. We ask our guests to pay per night:

- We do not ask for payment
- We ask for a donation but do NOT specify the amount
- We ask for a donation with a suggested amount
- We have a set rate that all guests are expected to pay

Comments

38. If you have a suggested donation is it by the room or the number of people?

- By the room
- By the number of people in the room
- Other

Other (please specify)

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39. If you have a suggested donation amount, how much is that?

Other (please specify)

40. If you have a set rate, is it by the room or the number of people?

- By the room
- By the number of people in the room
- Other

Other (please specify)

41. If you have a set rate, how much is that?

Other (please specify)

42. Do you offer sliding scale rates or financial hardship coverage? (Check all that apply.)

- Sliding Scale
- Financial hardship (cost is covered by a particular fund or sponsor)
- We write off the amount (it is not paid by anyone if the guest cannot pay)
- Other

Other (please specify)

43. Do you bill third parties such as health insurance, Medicare or Medicaid?

- Yes
- No

Comment

7. Employee Wages and Benefits

On the next several pages, please provide information about your paid staff and volunteer positions. If you have a similar position with a different title, please answer the question(s) that best describe your position.

Please consider sending copies of your job descriptions to be added to the Members' Area of the HHN website.

Before you send copies of your job descriptions, please delete any information that you do not want made public.
Preferred format: PDF

Please email copies of your job descriptions to bquinn@hhnetwork.org

If you are not able to email, please mail to: HHN, PO Box 1439, Gresham, OR 97030

Or, fax to: 503-379-9451

Please note, all job descriptions will be added to the Member Resources page of the website.

8. List of Positions

Before you begin this section, please note that you will be asked about each of the following positions.

If your position title(s) do not match these exactly, please use the position that is closest.

- Executive Director
- House Manager
- Director of Operations
- Development Director
- Volunteer Director/Manager
- Guest or Family Services
- Administration and/or Office staff
- Night and/or Weekend staff
- Relief Worker
- Maintenance staff
- Housekeeping staff
- Security staff
- Other

9. Employee Benefits

Please provide information for the types of benefits your organization provides employees based on the position.

44. Does your organization provide benefits to your employees?

- No
- Yes, All employees
- Yes, Some employees but not all

Comment

45. If your organization provides benefits, who pays for those benefits? (Check all that apply.)

	EmployER Pays 100%	EmployER Pays 51-99%	EmployER Pays 1-50%	EmployEE Pays 100%	Do not offer
Group Health Insurance for Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Health Insurance for Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Dental Insurance for Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Dental Insurance for Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Vision Insurance for Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Vision Insurance for Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance for Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance for Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Program for Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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46. We offer Paid Time Off (PTO):

	Vacation days of per year	Sick days off per year	Combined PTO (Vacation & Sick Combined)
Up to 2 years of employment	<input type="text"/>	<input type="text"/>	<input type="text"/>
After 2 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
After 5 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
After 10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

47. We provide benefits to the following positions: (Check all that apply.)

	No	Do not have this position (or equivalent)	Yes: Full-Time Employee(s) Only	Yes: Full and Part-Time Employee(s)
Executive Director or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Manager or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director of Operations or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development Director or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Manager or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest or Family Care Coordinator or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admin and Office Staff or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night and Weekend Staff or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief Staff or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Staff or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping Staff or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Staff or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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48. Of the positions that RECEIVE benefits, these are the benefits we provide. If a position listed below does NOT exist, leave it blank.

	None	Medical	Dental	Disability Insurance	Life Insurance	Retirement (IRS, 401K, etc)	Paid Vacation/PTO	Paid Sick Time	Flex Time	Other
Executive Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director of Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest / Family Care Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admin & Office Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night & Weekend Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment

10. Executive Director or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the EXECUTIVE DIRECTOR (or equivalent position).

*49. Executive Director or Equivalent

- None (Go to next section)
- Volunteer
- Part-Time, Paid
- Full-Time, Paid

Position Title

50. Executive Director: Annual Salary Range (Or equivalent position)

	Full-Time	Part-Time	Volunteer
Position & Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>

If hourly, please indicate pay rate:

11. House Manager or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the HOUSE MANAGER (or equivalent position).

***51. House Manager or Equivalent (If you have more than one house manager, answer for the senior or highest paid position)**

- None (Go to next section)
- Volunteer
- Part-Time, Paid
- Full-Time, Paid

Position Title

52. House Manager or Equivalent: Annual Salary Range

	Full-Time	Part-Time	Volunteer
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>

If hourly, please indicate pay rate:

12. Director of Operations or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the DIRECTOR OF OPERATIONS.

*53. Director of Operations or Equivalent

- None (Go to next section)
- Volunteer
- Part-Time, Paid
- Full-Time, Paid

Position Title

54. Director of Operations: Annual Salary Range (Or equivalent position)

	Full-Time	Part-Time	Volunteer
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>

If hourly, please indicate pay rate:

13. Development Director or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the DEVELOPMENT DIRECTOR.

*55. Development Director or Equivalent

- None (Go to next section)
- Volunteer
- Part-Time, Paid
- Full-Time, Paid

Position Title

56. Development Director: Annual Salary Range (Or equivalent position)

	Full-Time	Part-Time	Volunteer
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>

If hourly, please indicate pay rate:

14. Volunteer Director or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the VOLUNTEER DIRECTOR (Manager, Coordinator, or equivalent position).

*57. Volunteer Director (Manager, Supervisor, Coordinator) or Equivalent

- None (Go to next section)
- Volunteer
- Part-Time, Paid
- Full-Time, Paid

Position Title

58. Volunteer Director (Manager, Supervisor, Coordinator) or Equivalent: Annual Salary Range

	Full-Time	Part-Time	Volunteer
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>

If hourly, please indicate pay rate:

15. Guest or Family Care Coordinator/Manager or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the GUEST OR FAMILY SERVICES (or equivalent position).

*59. Guest or Family Care Coordinator/Manager or Equivalent

- None (Go to next question)
- Volunteer
- Part-Time, Paid
- Full-Time, Paid

Position Title

60. Guest or Family Care Coordinator/Manager or Equivalent: Annual Salary Range

	Full-Time	Part-Time	Volunteer
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>

If hourly, please indicate pay rate:

16. Administration and/or Office Staff

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the ADMINISTRATION and/or OFFICE STAFF (or equivalent position).

*61. Administration and/or Office Staff, or Equivalent

- None (Go to next section)
- Volunteer
- Part-Time, Paid
- Full-Time, Paid

Position(s) Title(s)

62. If you have more than one admin/office position, please indicate how many:

Supervisors:

Non-supervisors:

Other:

63. Administration and/or Office Staff: Annual Salary Range

If you have more than one position, please answer for the highest paid position, most likely a supervisory position.

Full-Time

Part-Time

Volunteer

Salary

If hourly, please indicate pay rate:

17. Night and/or Weekend Staff

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the NIGHT and/or WEEKEND STAFF (or equivalent position).

*64. Night and/or Weekend Staff or Equivalent

- None (Go to next section)
- Volunteer
- Part-Time, Paid
- Full-Time, Paid

Position Title

65. Night and/or Weekend Staff: Annual Salary or Hourly Range

	Full-Time	Part-Time	Volunteer
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>

If hourly, please indicate pay rate:

18. Relief Worker or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the RELIEF WORKER (or equivalent position).

*66. Number of Relief Workers:

- None (Go to next section)
- One
- Two
- Three
- Four
- Five
- More

Other (please specify)

67. Relief Worker: Hourly Position (Or equivalent position)

- None
- Volunteer
- Stipend
- \$10 hour or less
- \$10.50 hour to \$15.00 hour
- \$15.50 hour to \$20.00 hour
- \$20.50 hour to \$25.00 hour
- \$25.50 hour to \$30.00 hour
- \$30.50 hour or more

Other (please specify)

19. Maintenance Staff or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the MAINTENANCE STAFF (or equivalent position).

*68. Maintenance Staff (or equivalent)

- None (Go to next section)
- Volunteer only
- Existing staff with other duties
- Specific position on staff, paid
- Contract, paid. If contracted, please go to next question

Other:

69. If maintenance is a contracted service, is it provided by your local hospital or partner healthcare agency?

- Yes
- No
- Not sure

Other (please specify)

70. For Paid Maintenance Staff:

Hourly Rate

Salary Rate

20. Housekeeping or Equivalent

If you do not have this position or it's equivalent, please answer 'none' and move on to the next page.

This section is specific to the HOUSEKEEPING STAFF (or equivalent position).

*71. Housekeeping Staff (or equivalent)

- None (Go to next section)
- Volunteer only
- Existing staff with other duties
- Specific position on staff, paid
- Contract, paid. If contracted, please go to next question

Other:

72. If contracted, are housekeeping services provided by your local hospital or healthcare agency partner?

- Yes
- No
- Not Sure

Other (please specify)

73. For Paid Housekeeping Staff:

Hourly Rate

Salary Rate

21. Security Staff or Equivalent

This section is specific to the SECURITY STAFF (or equivalent position).

*74. Do you have security staff?

- Yes
- No

If yes, please describe

75. If you have security, who provides the service?

- Hospital provides security
- We use the services of a security company
- We have our own security staff
- Other

Other (please specify)

22. Other Staff Positions

If you have other positions that were not included in this survey, please provide information.

76. Do you have other positions not captured in this survey?

- Yes
- No

77. Other position titles.

HHN 2015 Member Survey: Services, Salaries & Budgets

23. House Budget

Please consider sending a copy of your current house budget to HHN for inclusion in the Members' Area of our website. Preferred format: PDF

If you want your budget to remain anonymous, please delete all identifying information before sending it to HHN. If possible, include the number of guest rooms on your budget.

Please email to: bquinn@hhnetwork.org

Or mail to: HHN, PO Box 1439, Gresham, OR 97030

Or fax to: 503-379-9451

Please note, all documents will be added to the Members' Area of the HHN website.

78. Please select the amount that best describes your annual budget:

Other (please specify)

79. Our revenue streams provide the following percentage of our budget: (Check all that apply.)

	1-20%	21-40%	41-60%	61-80%	81-100%
Guest room revenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsorships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual donors and/or pledges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated allotment from hospital or healthcare system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Adopt a Day' program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of products/merchandise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

80. We are in the following mode:

- Cutting back in budget, services and/or positions
- Maintaining budget, services and/or positions
- Expanding budget, services and/or positions

Other (please specify)

81. The changing economy has impacted our house or our organization:

- Strongly Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat Disagree
- Strongly Disagree

82. The economy has impacted our house (organization) in the following way:

- Negative
- Positive
- No impact

83. Please explain how the economy has impacted your house/organization, if applicable:

24. Job Descriptions and Budgets

Please provide copies of your job descriptions and house budgets to be shared with our membership.

If you want the information to be anonymous, please remove any house identifiers.

84. I will email (or mail) copies of job descriptions to HHN for inclusion in the Members' Area of the website. Please note, job descriptions will be added to the website as received, without edits.

(Please send in PDF format)

- Yes
- No
- Maybe

Comment

85. I will email (or mail) a copy of our budget to HHN for inclusion in the Members' Area of the website. Please note, budgets will be added to the website as received, without edits.

(Please send in PDF Format)

- Yes
- No
- Maybe

To email your job descriptions and/or budget, please use the following email address: helpinghomes@nahhh.org

86. Other comments:

Thank you for participating in this important survey. We look forward to a high response rate and expect to release the results to the membership by early April 2015.

25. Non-Member Houses

We are frequently asked, "how many hospital hospitality houses are there across North America?"

The following information will help us better estimate the number of houses across the country. We will also contact the houses to tell them about the Healthcare Hospitality Network.

87. There are other hospitality houses in my CITY/COMMUNITY that are not HHN members (To find out if a house is a member, go to www.hhnetwork.org and click on Find Lodging. Only HHN members are listed)

- Yes
- No
- I don't know if there are other houses

88. There are other houses in my STATE that are not HHN members:

- Yes
- No
- I don't know

89. Please provide contact information for non-members so that we can follow-up with them.

House Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Website	<input type="text"/>
Phone	<input type="text"/>
Primary Contact Name	<input type="text"/>
Primary Contact Email	<input type="text"/>

90. Additional house that you know of:

House Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Website	<input type="text"/>
Phone	<input type="text"/>
Primary Contact Name	<input type="text"/>
Primary Contact Email	<input type="text"/>

26. Thank you!

We appreciate your membership and participation in this survey!

91. To be eligible for the \$50 membership credit for 2016 dues, please provide the following information. This information will not be made public.

Name	<input type="text"/>
House	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>