

APPENDIX A

Healthcare Needs Survey



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www.palmerlutheran.org

Please return the completed questionnaire in the enclosed paid return envelope by October 19th.

In a continuing effort to meet the healthcare needs of our communities, Palmer Lutheran Health Center would like your input on specific health-related topics that have been identified as a need in our community. Your opinions and input from your community will be invaluable to the outcome of this survey.

<p>Which services do you utilize Palmer Lutheran Healthcare Center for?</p> <p> <input type="checkbox"/> Birthing/OB <input type="checkbox"/> Cardiac Rehab <input type="checkbox"/> Community Health <input type="checkbox"/> Emergency <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Lab <input type="checkbox"/> Mammography <input type="checkbox"/> Medical Equipment <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Radiology <input type="checkbox"/> Respiratory <input type="checkbox"/> Skilled Care (Recovery) <input type="checkbox"/> Surgery <input type="checkbox"/> Urgent Care Clinic <input type="checkbox"/> Other _____ <input type="checkbox"/> I do not utilize Palmer Lutheran Health Center </p>		
<p>Do you frequent other healthcare facilities?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Which services do you utilize at OTHER healthcare facilities?</p> <p> <input type="checkbox"/> All Services <input type="checkbox"/> Blood Work <input type="checkbox"/> Emergency <input type="checkbox"/> Home Health <input type="checkbox"/> Orthopedics <input type="checkbox"/> OB <input type="checkbox"/> Other _____ Where do you have these services performed? _____ _____ </p>		
<p>Why did you utilize another healthcare facility?</p> <p> <input type="checkbox"/> Service not offered at PLHC <input type="checkbox"/> Recommended from Provider <input type="checkbox"/> Higher Level of Care offered <input type="checkbox"/> Unsure if offered at PLHC <input type="checkbox"/> Recommended by Family/Friends <input type="checkbox"/> Other _____ </p>		

Continue survey on back



Rate questions on a scale of 1 to 5.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	1	2	3	4	5
I utilize PLHC because it is local.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I utilize PLHC because it of the medical competency of the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I utilize PLHC due to the staff attitude and friendliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I utilize PLHC because of the services offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I utilize PLHC because it is recommended by my provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I utilize PLHC because it is recommended by my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I utilize PLHC due to the ambiance of the facility (inviting rooms, room service, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:					

PLHC is utilized for:	<input type="checkbox"/> myself <input type="checkbox"/> spouse <input type="checkbox"/> children <input type="checkbox"/> parents/grandparents <input type="checkbox"/> no one in my family
I receive healthcare information by:	<input type="checkbox"/> newspaper <input type="checkbox"/> direct mail <input type="checkbox"/> website <input type="checkbox"/> word of mouth <input type="checkbox"/> television <input type="checkbox"/> radio
I am: <input type="checkbox"/> Female <input type="checkbox"/> Male	My Age Range: <input type="checkbox"/> <30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-65 <input type="checkbox"/> >65

