**AHRQ Hospital-Public Report (H-PR) Survey**

**Thank you for agreeing to participate in our survey!**

Please answer these questions **after you complete** your website visit.

1. What best describes you? I am a:

|  |  |
| --- | --- |
| 🞏 | Patient (or interested member of the public) |
| 🞏 | Friend or family member of a patient |
| 🞏 | Health care professional (for example, doctor, nurse, hospital executive) |
| 🞏 | Employer or Labor Union representative |
| 🞏 | Insurer |
| 🞏 | Member of the media (for example, TV, blog, print/online media) |
| 🞏 | Advocacy organization staff member |
| 🞏 | Elected official or government worker |
| 🞏 | Researcher |
| 🞏 | Foundation staff member |
| 🞏 | Legal professional |
| 🞏 | Health Care Professional Answering Primary Purpose as “Choosing a Hospital for Myself” |
| 🞏 | Other |
|  |  |

1. How would you rate your experience using the website? (Please bold your response)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Poor |  |  |  |  |  |  |  |  |  | Excellent |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. How easy was it to use the website? (Please bold your response)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Poor |  |  |  |  |  |  |  |  |  | Excellent |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Please Continue to the Section That Best Describes Your Answer in Question 1

*If you have chosen “Other”, please continue to the section that best describes your self-identification*

# PATIENT (or interested member of the public)

## Purpose of Your Visit

1. What was the primary purpose of your visit to the website today? (Choose only one)

|  |  |
| --- | --- |
| 🞏 | Choose the best hospital for myself or compare hospitals |
| 🞏 | See how good my hospital is |
| 🞏 | Prepare for a talk with my doctor |
| 🞏 | Learn about a particular disease |
| 🞏 | Get practical information about a hospital (phone number, location) |
| 🞏 | Find out how much I would have to pay at a hospital |
| 🞏 | Other: |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Definitely | | 🞏 | Mostly | | 🞏 | Only Partially | | 🞏 | Not at all | |

1. If you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Choose the best hospital for myself or compare hospitals |
| 🞏 | See how good my hospital is |
| 🞏 | Prepare for a talk with my doctor |
| 🞏 | Learn about a particular disease |
| 🞏 | Get practical information about a hospital (phone number, location) |
| 🞏 | Find out how much I would have to pay at a hospital |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

## Topics of Interest to You

1. What medical conditions are you look for information about today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Heart disease (for example, heart attacks or heart failure) |
| 🞏 | Surgery (for example, hip or knee replacement, or gallbladder surgery) |
| 🞏 | Obstetrics and gynecology (for example, having a baby) |
| 🞏 | Pediatric conditions |
| 🞏 | Cancer |
| 🞏 | Asthma |
| 🞏 | Pneumonia |
| 🞏 | None of the above |
| 🞏 | Other: |
|  |  |

1. What types of information about hospital care are you looking for today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | How often complications or errors occur |
| 🞏 | How often infections occur |
| 🞏 | How patients rate their care (for example, how many patients would recommend the hospital) |
| 🞏 | How often patients survive |
| 🞏 | How often patients get the correct care (for example, how many stroke patients get the right medicine) |
| 🞏 | None of the above |
| 🞏 | Other: |
|  |  |

**40% Completed**

## Using Information from the Website

1. How likely are you to use the website information now to choose a hospital or change hospitals?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Very Likely | | 🞏 | Likely | | 🞏 | Unlikely | | 🞏 | Very Unlikely | |

*If you answered unlikely or very unlikely, why are you unlikely to use the information to choose a hospital? (Choose all that apply)*

|  |  |
| --- | --- |
| 🞏 | I do not have a choice of hospitals |
| 🞏 | I do not need to choose a hospital or change hospitals at this time |
| 🞏 | The information provided is not specific to my personal health condition |
| 🞏 | Other factors are more important in my decision making |
| 🞏 | The information provided does not cover the specific hospital I want to know about |
| 🞏 | The information provided did not seem trustworthy |
| 🞏 | The information is confusing or difficult to understand |
| 🞏 | Other: |
|  |  |

1. How likely are you to use the website information to have a conversation with your doctor or other health care provider?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Very Likely | | 🞏 | Likely | | 🞏 | Unlikely | | 🞏 | Very Unlikely | |

1. What do you like about the website? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | The number of hospitals included |
| 🞏 | The range of conditions and treatments included |
| 🞏 | Information provided about quality of care (for example, whether the right treatments were given) |
| 🞏 | Information about how to talk to your doctor |
| 🞏 | Information about how to choose a doctor |
| 🞏 | Nothing (I do not like anything about the website) |
| 🞏 | Other: |
|  |  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

## What would you like added or changed?

1. What additional information would make the website more useful? (Choose all that apply)

More information about:

|  |  |
| --- | --- |
| 🞏 | How well the hospital treats my specific medical condition |
| 🞏 | How well the hospital does my specific surgery or procedure |
| 🞏 | How much I would pay |
| 🞏 | Practical aspects of the hospital (for example, phone number, location) |
| 🞏 | Comments from people who have been patients at the hospital |
| 🞏 | Hospitals that are not currently on the website |
| 🞏 | Individual doctors within a hospital |
| 🞏 | No other information |
| 🞏 | Other: |
|  |  |

1. What would make the website easier for you to use? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Provide a different way of searching the website |
| 🞏 | Provide a different way of sorting the results on the website |
| 🞏 | Make the information easier to understand (for example, fewer technical terms) |
| 🞏 | Make it easier to find the best hospital |
| 🞏 | Require fewer clicks to get information that I want |
| 🞏 | Other: |
|  |  |

1. Please use this box to add details about your choices in the prior two questions or comments about how to make the website more useful to you.

|  |
| --- |
|  |

1. How likely are you to visit the website again?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Very Likely | | 🞏 | Likely | | 🞏 | Unlikely | | 🞏 | Very Unlikely | |

## A Few Last Questions About You

1. What is your age?

|  |  |
| --- | --- |
| 🞏 | <18 years old |
| 🞏 | 18 to 24 |
| 🞏 | 25 to 34 |
| 🞏 | 35 to 44 |
| 🞏 | 45 to 54 |
| 🞏 | 55 to 64 |
| 🞏 | 65 to 74 |
| 🞏 | 75 or older |

1. Are you male or female?

|  |  |
| --- | --- |
| 🞏 | Male |
| 🞏 | Female |

1. Are you of Hispanic or Latino descent?

|  |  |
| --- | --- |
| 🞏 | Yes, Hispanic or Latino |
| 🞏 | No, not Hispanic or Latino |

1. What is your race?

|  |  |
| --- | --- |
| 🞏 | White |
| 🞏 | Black or African American |
| 🞏 | Native Hawaiian or Other Pacific Islander |
| 🞏 | American Indian or Alaska Native |
| 🞏 | Other |

1. What is the highest grade or level of school that you have completed?

|  |  |
| --- | --- |
| 🞏 | 8th grade or less |
| 🞏 | Some high school but did not graduate |
| 🞏 | High school graduate or GED |
| 🞏 | Some college or 2-year degree |
| 🞏 | 4-year college graduate |
| 🞏 | More than 4 year-college degree |

1. What type of health insurance do you have? (Choose only one)

|  |  |
| --- | --- |
| 🞏 | Private insurance (i.e., from your employer or purchased by you) |
| 🞏 | Medicare |
| 🞏 | Medicaid |
| 🞏 | No insurance |
| 🞏 | I do not know |
| 🞏 | Other |
|  |  |

# FRIEND OR FAMILY MEMBER

## Purpose of Your Visit

1. I am looking for information for a:

|  |  |
| --- | --- |
| 🞏 | Family member |
| 🞏 | Non-family member |
| 🞏 | Child (under 18 years) |
| 🞏 | Non-senior adult (18-65 years) |
| 🞏 | Senior (65+) |
| 🞏 | Non-English Speaker (Please specify language below) |
|  |  |

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |
| --- | --- |
|  | Choose the best hospital or compare hospitals |
|  | See how good a specific hospital is |
|  | Prepare for a talk with a doctor |
|  | Learn about a particular disease |
|  | Get practical information about a hospital (phone number, location) |
|  | Find out how much one would have to pay at a hospital |
|  | Other |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Definitely | | 🞏 | Mostly | | 🞏 | Only Partially | | 🞏 | Not at all | |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Choose the best hospital or compare hospitals |
| 🞏 | See how good my hospital is |
| 🞏 | Prepare for a talk with a doctor |
| 🞏 | Learn about a particular disease |
| 🞏 | Get practical information about a hospital (phone number, location) |
| 🞏 | Find out how much one would have to pay at a hospital |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

## Topics of interest to you

1. What medical conditions are you look for information about today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Heart disease (for example, heart attacks or heart failure) |
| 🞏 | Surgery (for example, hip or knee replacement, or gallbladder surgery) |
| 🞏 | Obstetrics and gynecology (for example, having a baby) |
| 🞏 | Pediatric conditions |
| 🞏 | Cancer |
| 🞏 | Asthma |
| 🞏 | Pneumonia |
| 🞏 | None of the above |
| 🞏 | Other: |
|  |  |

1. What types of information about hospital care are you looking for today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | How often complications or errors occur |
| 🞏 | How often infections occur |
| 🞏 | How patients rate their care (for example, how many patients would recommend the hospital) |
| 🞏 | How often patients survive |
| 🞏 | How often patients get the correct care (for example, how many stroke patients get the right medicine) |
| 🞏 | None of the above |
| 🞏 | Other: |
|  |  |

1. What type of health insurance does your friend or family member have?

|  |  |
| --- | --- |
|  | Private Insurance (i.e., from employer or purchased) |
|  | Medicare |
|  | Medicaid |
|  | No insurance |
|  | I don’t know |
|  | Other: |
|  |  |

## Using information from the website

1. How likely are you to use the website information now to help your friend or family member to choose a hospital or change hospitals?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Very Likely | | 🞏 | Likely | | 🞏 | Unlikely | | 🞏 | Very Unlikely | |

*If you answered unlikely or very unlikely, why are you unlikely to use the information to help your family member chose a hospital? (Choose all that apply)*

|  |  |
| --- | --- |
| 🞏 | My friend or family member does not have a choice of hospitals |
| 🞏 | She or he does not need to choose a hospital or change hospitals at this time |
| 🞏 | The information provided is not specific to his or her personal health condition |
| 🞏 | Other factors are more important in the decision making |
| 🞏 | The information provided does not cover the specific hospital he or she wants to know about |
| 🞏 | The information provided did not seem trustworthy |
| 🞏 | The information is confusing or difficult to understand |
| 🞏 | Other: |
|  |  |

1. How likely are you or your friend or family member to use the website information to have a conversation with a doctor or other health care provider?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Very Likely | | 🞏 | Likely | | 🞏 | Unlikely | | 🞏 | Very Unlikely | |

1. What do you like about the website? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | The number of hospitals included |
| 🞏 | The range of conditions and treatments included |
| 🞏 | Information provided about quality of care (for example, whether the right treatments were given) |
| 🞏 | Information about how to choose a doctor |
| 🞏 | Nothing (I do not like anything about the website) |
| 🞏 | Other: |
|  |  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

## What would you like added or changed?

1. What additional information would make the website more useful? (Choose all that apply)

More information about:

|  |  |
| --- | --- |
| 🞏 | How well the hospital treats a specific medical condition my friend or family member has |
| 🞏 | How well the hospital does my specific surgery or procedure my friend or family member needs |
| 🞏 | How much my friend or family member would pay (for example, cost of a procedure or cost of a hospital stay) |
| 🞏 | Practical aspects of the hospital (for example, phone number, location) |
| 🞏 | Comments from people who have been patients at the hospital |
| 🞏 | Hospitals that are not currently on the website |
| 🞏 | Individual doctors within a hospital |
| 🞏 | No other information |
| 🞏 | Other: |
|  |  |

1. What would make the website easier for you to use? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Provide a different way of searching the website |
| 🞏 | Provide a different way of sorting the results on the website |
| 🞏 | Make the information easier to understand (for example, fewer technical terms) |
| 🞏 | Make it easier to find the best hospital |
| 🞏 | Require fewer clicks to get information that I want |
| 🞏 | Other: |
|  |  |

1. Please use this box to add details about your choices in the prior two questions or comments about how to make the website more useful to you.

|  |  |
| --- | --- |
|  |  |

1. How likely are you to visit the website again?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Very Likely | | 🞏 | Likely | | 🞏 | Unlikely | | 🞏 | Very Unlikely | |

## A few last questions about you

1. What is *your* age?

|  |  |
| --- | --- |
| 🞏 | <18 years old |
| 🞏 | 18 to 24 |
| 🞏 | 25 to 34 |
| 🞏 | 35 to 44 |
| 🞏 | 45 to 54 |
| 🞏 | 55 to 64 |
| 🞏 | 65 to 74 |
| 🞏 | 75 or older |

1. Are *you* male or female?

|  |  |
| --- | --- |
| 🞏 | Male |
| 🞏 | Female |

1. What is the highest grade or level of school that *you* have completed?

|  |  |
| --- | --- |
| 🞏 | 8th grade or less |
| 🞏 | Some high school but did not graduate |
| 🞏 | High school graduate or GED |
| 🞏 | Some college or 2-year degree |
| 🞏 | 4-year college graduate |
| 🞏 | More than 4 year-college degree |

# HEALTH CARE PROFESSIONAL

## Purpose of your visit

1. What was the primary purpose of your visit to the website today? (Choose only one)

|  |  |
| --- | --- |
| 🞏 | See how my hospital is performing |
| 🞏 | Compare my hospital’s performance to other hospital’s performance |
| 🞏 | Choose a hospital to make a patient referral |
| 🞏 | Get practical information about a hospital (phone number, location) |
| 🞏 | Other: |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Definitely | | 🞏 | Mostly | | 🞏 | Only Partially | | 🞏 | Not at all | |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | See how my hospital is performing |
| 🞏 | Compare my hospital’s performance to other hospital’s performance |
| 🞏 | Choose a hospital for the purpose of making a patient referral |
| 🞏 | Choose a hospital for myself |
| 🞏 | Get practical information about a hospital (phone number, location) |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

## What would you like added or changed?

1. What additional information would make the website more useful? (Choose all that apply)

More information about:

|  |  |
| --- | --- |
| 🞏 | Quality measures that are not currently included |
| 🞏 | Quality by inpatient services (for example, intensive care unit, pediatric unit) |
| 🞏 | Costs for patients (for example, cost of a procedure, cost of a hospital stay) |
| 🞏 | Methodology used to calculate performance measure (for example, risk adjustment methods) |
| 🞏 | Detailed results for each hospital (for example, sample size or 95% confidence intervals around their performance) |
| 🞏 | Hospitals that are not currently on the website |
| 🞏 | Individual doctors within a hospital |
| 🞏 | No other information |
| 🞏 | Other: |
|  |  |

1. What would make the website easier for you to use? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Provide a different way of searching the website |
| 🞏 | Provide a different way of sorting the results on the website |
| 🞏 | Make the information easier to understand (for example, fewer technical terms) |
| 🞏 | Make it easier to find the best hospital |
| 🞏 | Require fewer clicks to get information that I want |
| 🞏 | Other: |
|  |  |

1. Please use this box to add details about your choices in the prior two questions or comments about how to make the website more useful to you.

|  |
| --- |
|  |

1. How likely are you to visit the website again?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Very Likely | | 🞏 | Likely | | 🞏 | Unlikely | | 🞏 | Very Unlikely | |

## A few last questions about you

1. Are you a: (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Physician |
| 🞏 | Nurse |
| 🞏 | Nurse Practitioner |
| 🞏 | Pharmacist |
| 🞏 | Social Worker |
| 🞏 | Executive |
| 🞏 | Quality Manager |
| 🞏 | Other |
|  |  |

1. *If you selected Physician or Nurse Practitioner in the last question, what is your specialty?*

|  |  |
| --- | --- |
| 🞏 | Internal Medicine |
| 🞏 | Family Medicine/ General Practice |
| 🞏 | Pediatrics |
| 🞏 | Surgery |
| 🞏 | Psychiatry |
| 🞏 | Obstetrics/ Gynecology |
| 🞏 | Other |
|  |  |

1. What is your age?

|  |  |
| --- | --- |
| 🞏 | 18 to 24 |
| 🞏 | 25 to 34 |
| 🞏 | 35 to 44 |
| 🞏 | 45 to 54 |
| 🞏 | 55 to 64 |
| 🞏 | 65 to 74 |
| 🞏 | 75 or older |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

1. What is the ZIP Code at your primary workplace?

|  |  |
| --- | --- |
|  |  |

# EMPLOYER/LABOR UNION

## Purpose of your visit

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |
| --- | --- |
| 🞏 | Choose hospitals to include in the network for my employees or members |
| 🞏 | Learn about the quality of a hospital (or hospitals) for my employees or members |
| 🞏 | Learn about comparative costs of hospitals for my employees or members |
| 🞏 | Provide information to my employees or members |
| 🞏 | Get practical information about a hospital (phone number, location) |
| 🞏 | Other |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Definitely | | 🞏 | Mostly | | 🞏 | Only Partially | | 🞏 | Not at all | |

1. Any comments?

|  |
| --- |
|  |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Choose hospitals to include in the network for my employees or members |
| 🞏 | Learn about the quality of a hospital (or hospitals) for my employees or members |
| 🞏 | Learn about comparative costs of hospitals for my employees or members |
| 🞏 | Provide information to my employees or members |
| 🞏 | Provide information to my employees or members |
| 🞏 | Get practical information bout a hospital (phone, location) |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

1. How likely are you to visit the website again?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Very Likely | | 🞏 | Likely | | 🞏 | Unlikely | | 🞏 | Very Unlikely | |

1. Any comments?

|  |
| --- |
|  |

1. What would make the website more useful to you?

|  |
| --- |
|  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

## A last few questions about you

1. Are you a(n):

|  |  |
| --- | --- |
|  | Employer |
|  | Labor Union Representative |

1. Where do you work in your company?

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Human Resources | |
|  | | Finance | |
|  | | Other Senior Management | |
|  | | Other | |
|  | |  | |

# INSURER

## Purpose of your visit

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Choose hospitals to include in your network | | |
|  | | Assess the quality performance of hospitals in your network |
|  | | Assess the cost performance of hospitals in your network |
|  | | Assess the quality of hospitals outside your network |
|  | | Assess the cost of hospitals outside your network |
|  | | Make decisions about pay for performance or other financial incentive programs |
|  | | Provide information to you enrollees |
|  | | Other |
|  |  | |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |
| --- | --- |
| 🞏 | Very Likely |
| 🞏 | Likely |
| 🞏 | Unlikely |
| 🞏 | Very Unlikely |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Choose hospitals to include in your network |
| 🞏 | Assess the quality performance of hospitals in your network |
| 🞏 | Assess the cost performance of hospitals in your network |
| 🞏 | Assess the quality of hospitals outside your network |
| 🞏 | Assess the cost of hospitals outside your network |
| 🞏 | Make decisions about pay for performance or other financial incentive programs |
| 🞏 | Provide information to you enrollees |
| 🞏 | Other |
|  |  |

## What would you like added or changed?

1. What additional information would make the website more useful? (Choose all that apply)

More information about:

|  |  |
| --- | --- |
| 🞏 | Quality measures that are not included |
| 🞏 | Quality by service line (for example, intensive care unit, pediatric unit) |
| 🞏 | Cost for patients (for example, cost of a procedure, cost of a hospital stay) |
| 🞏 | Methodology used to calculate performance measure (for example, risk adjustment methods) |
| 🞏 | Detailed results for each hospital (for example, sample size or 95% confidence intervals around their performance) |
| 🞏 | Hospitals that are not currently on the website |
| 🞏 | Individual doctors within a hospital |
| 🞏 | No other information |
| 🞏 | Other: |
|  |  |

1. What would make the website easier for you to use? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Provide a different way of searching the website |
| 🞏 | Provide a different way of sorting the results on the website |
| 🞏 | Make the information easier to understand (for example, fewer technical terms) |
| 🞏 | Make it easier to find the best hospital |
| 🞏 | Require fewer clicks to get information that I want |
| 🞏 | Other: |
|  |  |

1. Please use this box to add details about your choices in the prior two questions or comments about how to make the website more useful to you.

|  |
| --- |
|  |

1. How likely are you to visit the website again?

|  |  |
| --- | --- |
| 🞏 | Very Likely |
| 🞏 | Likely |
| 🞏 | Unlikely |
| 🞏 | Very Unlikely |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

1. What is the ZIP Code at your primary workplace?

|  |  |
| --- | --- |
|  |  |

# MEDIA

1. What type of media do you work in?

|  |  |
| --- | --- |
| 🞏 | TV |
| 🞏 | Print/Online Print |
| 🞏 | Blog |
| 🞏 | Radio |
| 🞏 | Other |
|  |  |

## Purpose of your visit

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues in a community |
| 🞏 | Look for an angle on a story |
| 🞏 | Create a synopsis of a quality report for my audience |
| 🞏 | Other |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Definitely | | 🞏 | Mostly | | 🞏 | Only Partially | | 🞏 | Not at all | |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues in a community |
| 🞏 | Look for an angle on a story |
| 🞏 | Create a synopsis of a quality report for my audience |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

1. What would make the website more useful to you?

|  |  |
| --- | --- |
|  |  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

1. What is the ZIP Code at your primary workplace?

|  |  |
| --- | --- |
|  |  |

# ADVOCACY ORGANIZATION STAFF MEMBER

## Purpose of your visit

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues in a community |
| 🞏 | Learn about health care quality for the population I represent |
| 🞏 | Provide information to the population I represent |
| 🞏 | Other |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Definitely | | 🞏 | Mostly | | 🞏 | Only Partially | | 🞏 | Not at all | |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues in a community |
| 🞏 | Learn about health care quality for the population I represent |
| 🞏 | Provide information to the population I represent |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

1. What would make the website more useful to you?

|  |
| --- |
|  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

1. What is the ZIP Code at your primary workplace?

|  |  |
| --- | --- |
|  |  |

# ELECTED OFFICIAL OR GOVERNMENT WORKER

## Purpose of your visit

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues |
| 🞏 | Learn about health care quality for the population I represent |
| 🞏 | Provide information to the population I represent |
| 🞏 | Other |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 🞏 | Definitely | | 🞏 | Mostly | | 🞏 | Only Partially | | 🞏 | Not at all | |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues |
| 🞏 | Learn about health care quality for the population I represent |
| 🞏 | Provide information to the population I represent |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

1. What would make the website more useful to you?

|  |  |
| --- | --- |
|  |  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

1. What is the ZIP Code at your primary workplace

|  |  |
| --- | --- |
|  |  |

# RESEARCHER

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |  |
| --- | --- | --- |
| 🞏 | Compare hospitals | |
| 🞏 | See how good a specific hospital is | |
| 🞏 | Learn generally about the quality of hospitals in a community | |
| 🞏 | Learn generally about healthcare quality issues | |
| 🞏 | Learn more about the methodology used for the measure reported on the website (for example, risk adjustment methods) | |
| 🞏 | | Other | |
|  | |  | |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |
| --- | --- |
| 🞏 | Definitely |
| 🞏 | Mostly |
| 🞏 | Only Partially |
| 🞏 | Not at all |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues |
| 🞏 | Learn more about the methodology used for the measure reported on the website (for example, risk adjustment methods) |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

1. What would make the website more useful to you?

|  |  |
| --- | --- |
|  |  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

1. What is the ZIP Code at your primary workplace?

|  |  |
| --- | --- |
|  |  |

# FOUNDATION STAFF MEMBER

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues |
| 🞏 | Learn about health care quality for a specific population |
| 🞏 | Other |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |
| --- | --- |
| 🞏 | Definitely |
| 🞏 | Mostly |
| 🞏 | Only Partially |
| 🞏 | Not at all |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues |
| 🞏 | Learn about health care quality for a specific population |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

1. What would make the website more useful to you?

|  |  |
| --- | --- |
|  |  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

1. What is the ZIP Code at your primary workplace?

|  |  |
| --- | --- |
|  |  |

# LEGAL PROFESSIONAL

1. What was the primary purpose of your visit to the website today? (Chose only one)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues |
| 🞏 | Learn about health care quality for a client |
| 🞏 | Provide information for a client |
| 🞏 | Other |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |
| --- | --- |
| 🞏 | Definitely |
| 🞏 | Mostly |
| 🞏 | Only Partially |
| 🞏 | Not at all |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Compare hospitals |
| 🞏 | See how good a specific hospital is |
| 🞏 | Learn generally about the quality of hospitals in a community |
| 🞏 | Learn generally about healthcare quality issues |
| 🞏 | Learn about health care quality for a client |
| 🞏 | Provide information for a client |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

1. What would make the website more useful to you?

|  |  |
| --- | --- |
|  |  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

1. What is the ZIP Code at your primary workplace?

|  |  |
| --- | --- |
|  |  |

# HEALTH CARE PROFESSIONAL ANSWERING PRIMARY PURPOSE AS “CHOOSING A HOSPITAL FOR MYSELF”

## Purpose of Your Visit

1. What was the primary purpose of your visit to the website today? (Choose only one)

|  |  |
| --- | --- |
| 🞏 | Choose the best hospital for myself or compare hospitals |
| 🞏 | See how good my hospital is |
| 🞏 | Prepare for a talk with my doctor |
| 🞏 | Learn about a particular disease |
| 🞏 | Get practical information about a hospital (phone number, location) |
| 🞏 | Find out how much I would have to pay at a hospital |
| 🞏 | Other: |
|  |  |

1. Were you able to accomplish the primary purpose of your visit?

|  |  |
| --- | --- |
| 🞏 | Definitely |
| 🞏 | Mostly |
| 🞏 | Only Partially |
| 🞏 | Not at all |

1. Did you have other reasons (in addition to the primary reason above) for your visit today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Choose the best hospital for myself or compare hospitals |
| 🞏 | See how good my hospital is |
| 🞏 | Prepare for a talk with my doctor |
| 🞏 | Learn about a particular disease |
| 🞏 | Get practical information about a hospital (phone number, location) |
| 🞏 | Find out how much I would have to pay at a hospital |
| 🞏 | No, I had no other reason |
| 🞏 | Other: |
|  |  |

## Topics of Interest to You

1. What medical conditions are you look for information about today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Heart disease (for example, heart attacks or heart failure) |
| 🞏 | Surgery (for example, hip or knee replacement, or gallbladder surgery) |
| 🞏 | Obstetrics and gynecology (for example, having a baby) |
| 🞏 | Pediatric conditions |
| 🞏 | Cancer |
| 🞏 | Asthma |
| 🞏 | Pneumonia |
| 🞏 | None of the above |
| 🞏 | Other: |
|  |  |

1. What types of information about hospital care are you looking for today? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | How often complications or errors occur |
| 🞏 | How often infections occur |
| 🞏 | How patients rate their care (for example, how many patients would recommend the hospital) |
| 🞏 | How often patients survive |
| 🞏 | How often patients get the correct care (for example, how many stroke patients get the right medicine) |
| 🞏 | None of the above |
| 🞏 | Other: |
|  |  |

## Using Information From the Website

1. How likely are you to use the website information now to choose a hospital or change hospitals?

|  |  |
| --- | --- |
| 🞏 | Very Likely |
| 🞏 | Likely |
| 🞏 | Unlikely |
| 🞏 | Very Unlikely |

*If you answered unlikely or very unlikely, why are you unlikely to use the information to choose a hospital? (Choose all that apply)*

|  |  |
| --- | --- |
| 🞏 | I do not have a choice of hospitals |
| 🞏 | I do not need to choose a hospital or change hospitals at this time |
| 🞏 | The information provided is not specific to my personal health condition |
| 🞏 | Other factors are more important in my decision making |
| 🞏 | The information provided does not cover the specific hospital I want to know about |
| 🞏 | The information provided did not seem trustworthy |
| 🞏 | The information is confusing or difficult to understand |
| 🞏 | Other: |
|  |  |

1. How likely are you to use the website information to have a conversation with your doctor or other health care provider?

|  |  |
| --- | --- |
| 🞏 | Very Likely |
| 🞏 | Likely |
| 🞏 | Unlikely |
| 🞏 | Very Unlikely |

1. What do you like about the website? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | The number of hospitals included |
| 🞏 | The range of conditions and treatments included |
| 🞏 | Information provided about quality of care (for example, whether the right treatments were given) |
| 🞏 | Information about how to talk to your doctor |
| 🞏 | Information about how to choose a doctor |
| 🞏 | Nothing (I do not like anything about the website) |
| 🞏 | Other: |
|  |  |

1. If you searched using Google (or Yahoo, Bing, or other search engine) to get to the website, did you search for a:

|  |  |
| --- | --- |
| 🞏 | Specific Hospital (for example, “St. Francis Medical Center”) |
| 🞏 | Website comparing hospitals |
| 🞏 | Medical problem or treatment (for example, “heart failure” or “high blood sugar”) |
| 🞏 | I did not use Google or another search engine |
| 🞏 | I do not know |
| 🞏 | Other: |
|  |  |

## What would you like added or changed?

1. What additional information would make the website more useful? (Choose all that apply)

More information about:

|  |  |
| --- | --- |
| 🞏 | Quality measure that are not currently included |
| 🞏 | Quality by inpatient service (for example, intensive care unit, pediatric unit) |
| 🞏 | Cost for patients (for example, cost of procedure, cost of hospital stay) |
| 🞏 | Methodology used to calculate performance measures (for example, risk adjustment methods) |
| 🞏 | Detailed results for each hospital (for example, sample size or 95% confidence intervals around their performance) |
| 🞏 | Hospitals that are not currently on the website |
| 🞏 | Individual doctors within a hospital |
| 🞏 | No other information |
| 🞏 | Other: |
|  |  |

1. What would make the website easier for you to use? (Choose all that apply)

|  |  |
| --- | --- |
| 🞏 | Provide a different way of searching the website |
| 🞏 | Provide a different way of sorting the results on the website |
| 🞏 | Make the information easier to understand (for example, fewer technical terms) |
| 🞏 | Make it easier to find the best hospital |
| 🞏 | Require fewer clicks to get information that I want |
| 🞏 | Other: |
|  |  |

1. Please use this box to add details about your choices in the prior two questions or comments about how to make the website more useful to you.

|  |
| --- |
|  |

1. How likely are you to visit the website again?

|  |  |
| --- | --- |
| 🞏 | Very Likely |
| 🞏 | Likely |
| 🞏 | Unlikely |
| 🞏 | Very Unlikely |

## A Few Last Questions About You

1. What is your age?

|  |  |
| --- | --- |
| 🞏 | 18 to 24 |
| 🞏 | 25 to 34 |
| 🞏 | 35 to 44 |
| 🞏 | 45 to 54 |
| 🞏 | 55 to 64 |
| 🞏 | 65 to 74 |
| 🞏 | 75 or older |

1. Are you male or female?

|  |  |
| --- | --- |
| 🞏 | Male |
| 🞏 | Female |

1. Are you of Hispanic or Latino descent?

|  |  |
| --- | --- |
| 🞏 | Yes, Hispanic or Latino |
| 🞏 | No, not Hispanic or Latino |

1. What is your race?

|  |  |
| --- | --- |
| 🞏 | White |
| 🞏 | Black or African American |
| 🞏 | Native Hawaiian or Other Pacific Islander |
| 🞏 | American Indian or Alaska Native |
| 🞏 | Other |

1. What is the highest grade or level of school that you have completed?

|  |  |
| --- | --- |
| 🞏 | 8th grade or less |
| 🞏 | Some high school but did not graduate |
| 🞏 | High school graduate or GED |
| 🞏 | Some college or 2-year degree |
| 🞏 | 4-year college graduate |
| 🞏 | More than 4 year-college degree |

1. What type of health insurance do you have? (Choose only one)

|  |  |
| --- | --- |
| 🞏 | Private insurance (i.e., from your employer or purchased by you) |
| 🞏 | Medicare |
| 🞏 | Medicaid |
| 🞏 | No insurance |
| 🞏 | I do not know |
| 🞏 | Other |
|  |  |

1. Are you a(n):

|  |  |
| --- | --- |
| 🞏 | Physician |
| 🞏 | Nurse |
| 🞏 | Nurse Practitioner |
| 🞏 | Pharmacist |
| 🞏 | Social Worker |
| 🞏 | Executive |
| 🞏 | Quality Manager |
| 🞏 | Other |
|  |  |

1. *If you chose Physician or Nurse Practitioner, what is your specialty?*

|  |  |
| --- | --- |
| 🞏 | Internal Medicine |
| 🞏 | Family Medicine/ General Practice |
| 🞏 | Pediatrics |
| 🞏 | Surgery |
| 🞏 | Psychiatry |
| 🞏 | Obstetrics/ Gynecology |
| 🞏 | Other |
|  |  |

# Survey Completed

**Thank you for taking the survey!**

Your participation will help us understand how to make the website better so that people can easily find information about how well hospitals take care of their patients.

If you have any questions about the survey, please contact us at: [youremailhere@email.com](mailto:youremailhere@email.com)

You may now return to [<http://participatingwebsitehere.org>] or simply close this window.