Health Survey Questionnaire for Labette Health Community Needs Assessment Process

1. Have you or someone in your household used the services of a hospital in the past 24 months?
   - ☐ Yes
   - ☐ Don't know ***(Skip to Q7)***
   - ☐ No ***(Skip to Q7)***

2. At which hospital(s) were services received?
   - ☐ Labette Health (Skip to Q4)
   - ☐ Other ***(Please specify Hospital and City)***

   _____

3. You responded that you or someone in your household received care at a hospital other than Labette Health? Why did you or your family member choose that/those hospital(s)?

   _____

   (Please answer Q3 and then Skip to Q7)

4. What hospital service(s) were used at Labette Health? ***(Please Specify)***

   _____

5. How satisfied were you or someone in your household with the services you received at Labette Health? Would you say you were…
   - ☐ Satisfied
   - ☐ Don't know
   - ☐ Dissatisfied

6. Why were you satisfied/dissatified?

   _____

7. What type of specialist have you or someone in your household been to and in which city did you receive that care?

Type of Specialist	**City**

8. Did the specialist request further testing, laboratory work and/or x-rays?
   - ☐ Yes
   - ☐ Don't know
   - ☐ No

9. If yes, in which city were the tests or laboratory work performed?

   _____

10. Do you use a family doctor for most of your routine health care?
    - ☐ Yes ***(Skip to Q12)***
    - ☐ Don't know ***(Skip to Q12)***
    - ☐ No

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11. If no, then what kind of medical provider do you use for routine care?
    - ☐ Community Health Center
    - ☐ Health Department
    - ☐ Emergency Room/Hospital
    - ☐ Rural Health Clinic
    - ☐ Specialist
    - ☐ Other ***(Specify)***

    _____

12. Have you or someone else in your household been to a primary care doctor in the Parsons service
    - ☐ Yes
    - ☐ No ***(Skip to Q15)***
    - ☐ Don't know ***(Skip to Q15)***

13. How satisfied were you or someone in your household with the quality of care received in the Parsons service area? Would you say that you were…?
    - ☐ Satisfied
    - ☐ Dissatisfied
    - ☐ Don't know

14. Why were you satisfied/dissatified?

    _____

15. Do you think there are enough primary care (family) doctors practicing in the Parsons service area?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

16. Are you able to get an appointment with your primary care (family) doctor in the Parsons service area when you need one?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

17. Have you or someone in your household delayed health care due to lack of money and/or insurance?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

18. What concerns you most about health care in the Parsons service area?

    _____

    _____