



L&M Hospital Community Outreach Survey Questions

Thank you for participating in the Office of Health Strategy Community Outreach. Your feedback regarding the change of ownership with the hospital is very important. Your responses to this survey are confidential.

1. What has been your experience since the change of ownership has occurred?

- ☐ Extremely satisfied
- ☐ Very satisfied
- ☐ Moderately satisfied
- ☐ Slightly satisfied
- ☐ Other _____

2. How would you describe the services at the hospital?

- ☐ Maintained
- ☐ Improved
- ☐ Deteriorate
- ☐ Reduced
- ☐ Other _____

3. Describe your experience since the change of ownership regarding the health care services you have used such as local Physicians, Primary Care Services, hospital, etc. Additionally provide your experience with public forums held by hospitals regarding the change of ownership (i.e. time location, etc.)

Please explain:

4. Have the health care services you utilized moved to a different location or changed its name?

- ☐ Physically moved? ☐ Yes ☐ No ☐ Other
- ☐ Changed its name? ☐ Yes ☐ No ☐ Other

If you select other, please explain below:

5. Are you familiar with you community's latest Community Needs Health Assessment Document?
- ☐ Yes ☐ No ☐ Other

If you select other, please explain below:

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6. What do you feel is the greatest health care need in your community?

Please explain:

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7. Did you find today's forum helpful? ☐ Yes ☐ No ☐ Somewhat

8. What interested you the most?

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9. The length of this event was? Please choose one: ☐ Too Long ☐ Too Short ☐ Just Right

10. Was the location easily accessible? ☐ Yes ☐ No

11. Was the time of day convenient? ☐ Yes ☐ No

12. Do you have any suggestions or comments to help us improve our future Outreach events?

Please explain:

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13. I would like someone to contact me? Optional

Name:			
Phone:		Email address:	