

RONALD McDONALD HOUSE FAMILY SURVEY

The Ronald McDonald House program was created more than 30 years ago as a “home away from home” for families with seriously ill children at local area hospitals. To continue to improve how we serve families we need to know what we are doing well and what we could be doing better. We would greatly appreciate your opinion now and hope that you will help us again in six months when we send you a follow up survey.

ENVIRONMENT

For each area below, please check the box above the number that best describes how important each of the areas listed below are to you and your family. Then tell us how you would rate your experience at the Ronald McDonald House.

Area	Importance 1 = Very Unimportant 2 = Unimportant 3 = Neither Important nor Unimportant 4 = Important 5 = Very Important	Your Experience 1 = Very Poor 2 = Poor 3 = Average 4 = Good 5 = Very Good	Not Applicable/ Don't Know
1. The comfort and cleanliness of your room	1 2 3 4 5	1 2 3 4 5	
2. The convenience and cleanliness of your bathroom	1 2 3 4 5	1 2 3 4 5	
3. The noise level in and around room	1 2 3 4 5	1 2 3 4 5	
4. Your comfort using common areas such as the family/play room	1 2 3 4 5	1 2 3 4 5	
5. The availability of and usefulness of computers/ computer room	1 2 3 4 5	1 2 3 4 5	
6. The availability of and access to outdoor areas	1 2 3 4 5	1 2 3 4 5	
7. The kitchen and the equipment (e.g., pots and pans, pantry) you needed to prepare your own meals	1 2 3 4 5	1 2 3 4 5	
8. Availability of meals (provided by others)	1 2 3 4 5	1 2 3 4 5	
9. Availability of laundry services	1 2 3 4 5	1 2 3 4 5	
10. Availability of transportation	1 2 3 4 5	1 2 3 4 5	
11. Availability of activities for you and your family	1 2 3 4 5	1 2 3 4 5	
12. The helpfulness and friendliness of the staff	1 2 3 4 5	1 2 3 4 5	
13. The helpfulness and friendliness of the volunteers	1 2 3 4 5	1 2 3 4 5	
14. Respect from staff of your culture	1 2 3 4 5	1 2 3 4 5	
15. Availability of support			

services (e.g. social workers, emotional support) at the House	1	2	3	4	5	1	2	3	4	5	
16. Your overall experience at the Ronald McDonald House	1	2	3	4	5	1	2	3	4	5	

ENVIRONMENT COMMENTS: PLEASE LIST ANY SERVICES WHICH ARE IMPORTANT TO YOU THAT WE ARE NOT PROVIDING. WHAT COMMENTS WOULD YOU LIKE TO MAKE ABOUT THE ENVIRONMENT AT THE RONALD MCDONALD HOUSE?

PROCEDURES

For each area below, please check the box above the number that best describes how important each of the areas listed below was to you and your family. Then tell us how your experience was.

Area	Importance					Your Experience					Don't Know/ Not Applicable
	1	2	3	4	5	1	2	3	4	5	
1. Ease of the referral process	1	2	3	4	5	1	2	3	4	5	
2. Ease of check in	1	2	3	4	5	1	2	3	4	5	
3. Ease of check out	1	2	3	4	5	1	2	3	4	5	
4. Respect for your privacy	1	2	3	4	5	1	2	3	4	5	
5. Explanation of House procedures	1	2	3	4	5	1	2	3	4	5	
6. Explanation of 28-day stay policy	1	2	3	4	5	1	2	3	4	5	
7. Request for payment of House fees	1	2	3	4	5	1	2	3	4	5	

PROCEDURES COMMENTS: WHAT COMMENTS DO YOU HAVE REGARDING THE RONALD MCDONALD HOUSE PROCEDURES?

IMPACT ON MY FAMILY

For each area below, please check the box above the number that best describes how your stay at the Ronald McDonald House affected your family.

Area	Your Experience 1 = Strongly Disagree 2 = Disagree 3 = Neither Agree Nor Disagree 4 = Agree 5 = Strongly Agree	Don't Know/ Not Applicable
1. Because of the Ronald McDonald House, I was better able to rest and maintain my physical well-being while my child was receiving medical care.	1 2 3 4 5	
2. While staying at the Ronald McDonald House, I felt emotionally supported from other families, staff and volunteers.	1 2 3 4 5	
3. I was able to access information about my child's condition while at the RMH (e.g., resource library, computer access, other families).	1 2 3 4 5	
4. My ability to stay close by improved my child's experience at the hospital.	1 2 3 4 5	
5. My ability to stay close by improved my child's recovery at the hospital.	1 2 3 4 5	
6. I was better able to follow my child's doctor's recommendations because we were able to stay close to the hospital and my child.	1 2 3 4 5	
7. The Ronald McDonald House helped my family stay together during a very difficult time.	1 2 3 4 5	

WHAT COMMENTS DO YOU HAVE ABOUT THE IMPACT OF THE RONALD MCDONALD HOUSE ON YOUR FAMILY? _____

BACKGROUND QUESTIONS

- Where do you live?
 - Lucas County
 - Wood County
 - Monroe County
 - Sandusky County
 - Lenaway County
 - Other Ohio/Michigan County _____ (please tell us where)
 - Other State _____ (please tell us where)
 - International _____ (please tell us where)

- Was this your first stay at the Ronald McDonald House? Yes No

3. How did we accommodate you during your stay?

At the Ronald McDonald House. If you checked this answer, what was your room number?

At a hotel provided by the Ronald McDonald House. If you checked this answer, which hotel?

Both the Ronald McDonald House and a hotel. If you checked this answer, what was your room number at the House? _____ and What was the name of your hotel? _____

4. How many people stayed in your room?

Adults (18 or older) _____

Children (including outpatient child, if applicable) _____

5. Was your whole (immediate) family together during your stay? Yes No For a portion of the time

6. Was your patient child: An inpatient An outpatient Both

7. What was the name of your patient child's disease or condition?

Cancer

Neonatal/Premature Birth

Heart disease

Transplant

Orthopedic

Genetic condition

Accident/Trauma

Neurological

Pulmonary

Ophthalmology/Eye Condition

Other _____

(please tell us)

8. What is your patient child's age? _____

9. What is your relationship to the patient child?

Mother

Father

Stepmother

Stepfather

Grandmother

Grandfather

Other _____

10. During your stay, which hospital has been treating your child? _____

11. How did you first hear about staying at the Ronald McDonald House? (Check one):

From a doctor

From a nurse

From a social worker

From a psychologist

From an interpreter

From a Child Life Specialist

From another family

From a brochure or other information in the hospital

At a support group meeting

From another Ronald McDonald House

Other

12. How long did you stay in the Ronald McDonald House/hotel in total?

1 to 7 days

8 days to 1 month

More than 1 month but less than 3 months

More than three months

13. Did you have to check out during your stay at the Ronald McDonald House after staying more than 28 days? Yes No If yes, how many times? _____

14. How would you identify your race/ethnicity? (Please check one.)

Hispanic
Caucasian
African American
Asian/Pacific

Native American
Middle Eastern
Other _____

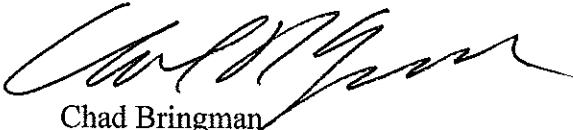
15. Is English the primary language spoken in your home?

Yes
No

16. What is your email address? (optional) _____

Thank you for sharing your opinion. Is there anything else you would like to share with us about your experience at the Ronald McDonald House?

Very sincerely,



Chad Bringman
President and Executive Director
Ronald McDonald House Charities® of Northwest Ohio