

Market Insights CORE SURVEY

Market Insights measures the opinions and behaviors of healthcare consumers through a syndicated, online survey that is fielded continuously in major markets across the contiguous United States. This resource provides a framework for the range of topics covered by the survey and serves as a guide for clients in accessing data available in the online portal. It is NOT an actual representation of how the survey is experienced by a respondent nor does it represent any personalized questions clients can elect to ask local consumers through their membership. Please use this guide as a reference of the various question sets addressed in the Market Insights survey.

HEALTHCARE SYSTEM

QUALITY/IMAGE PROFILE

QUALITY/IMAGE SUMMARY

What is your first choice hospital/facility for...?

- a. Best Accommodations/Amenities _____
- b. Best Community Health Programs _____
- c. Best Doctors _____
- d. Best Image/Reputation _____
- e. Best Nurses _____
- f. Best Overall Quality _____
- g. Care For Those Unable To Pay _____
- h. Highest Patient Safety _____
- i. Hospital Most Conveniently Located _____
- j. Hospital Web Site Used Most Often _____
- k. Latest Technology and Equipment _____
- l. Most Personalized Care _____
- m. Most Preferred for All Health Needs _____
- n. Widest Range of Services _____

SERVICE LINE PREFERENCE PROFILE

SERVICE LINE PREFERENCE SUMMARY

If you or a household member were in need of this service, to which hospital/facility would you prefer to go?

- a. Bariatric (Weight Loss) Surgery _____
- b. Cancer Treatment _____
- c. Heart Care _____
- d. Hospital Emergency Room _____
- e. Hospital Inpatient Stay _____
- f. Imaging Services(MRI/CT-PET Scan) _____
- g. Maternity/OB _____
- h. Mental Health Services _____
- i. Neurology _____
- j. Orthopedic Treatment/Surgery _____
- k. Outpatient/Same-Day Surgery _____
- l. Outpatient Testing/X-Rays _____
- m. Pediatric Services _____
- n. Senior Services _____
- o. Women's/GYN _____

LAST VISIT SHARE

LAST VISIT SHARE

Which hospital/facility was most recently used for...?

- a. Hospital Inpatient Stay _____
- b. Hospital Emergency Room _____
- c. Outpatient Testing/X-Rays _____
- d. Outpatient/Same-Day Surgery _____

PRIMARY REASON – INPATIENT STAY

What is the primary reason you chose that facility for your most recent inpatient visit? (Select one answer.)

- | | |
|--|---|
| <input type="checkbox"/> Best Overall Quality | <input type="checkbox"/> Most Personalized Care |
| <input type="checkbox"/> Convenient Location | <input type="checkbox"/> Previous Experience With Facility |
| <input type="checkbox"/> Facility Has the Best Doctors | <input type="checkbox"/> Recommendation From Family/Friends |
| <input type="checkbox"/> Facility Has the Best Nurses | <input type="checkbox"/> Reputation of Facility |
| <input type="checkbox"/> Insurance Required to Use That Facility | <input type="checkbox"/> Your Doctor Recommended/Affiliated |
| <input type="checkbox"/> Latest Technology and Equipment | <input type="checkbox"/> Other |

PRIMARY REASON – OUTPATIENT/SAME DAY SURGERY

What is the primary reason you chose that facility for your most recent outpatient surgery? (Select one answer.)

- | | |
|--|---|
| <input type="checkbox"/> Best Overall Quality | <input type="checkbox"/> Most Personalized Care |
| <input type="checkbox"/> Convenient Location | <input type="checkbox"/> Previous Experience With Facility |
| <input type="checkbox"/> Facility Has the Best Doctors | <input type="checkbox"/> Recommendation From Family/Friends |
| <input type="checkbox"/> Facility Has the Best Nurses | <input type="checkbox"/> Reputation of Facility |
| <input type="checkbox"/> Insurance Required to Use That Facility | <input type="checkbox"/> Your Doctor Recommended/Affiliated |
| <input type="checkbox"/> Latest Technology and Equipment | <input type="checkbox"/> Other |

VISIT SATISFACTION

WOULD RECOMMEND FACILITY TO FAMILY OR FRIENDS (IP)

Would you recommend (facility chosen for Inpatient Stay) to family and friends?

- Definitely Not
 Probably Not
 Probably Yes
 Definitely Yes

WOULD RECOMMEND FACILITY TO FAMILY OR FRIENDS (ER)

Would you recommend (facility chosen for Emergency Room) to family and friends?

- Definitely Not
 Probably Not
 Probably Yes
 Definitely Yes

WOULD RECOMMEND FACILITY TO FAMILY OR FRIENDS (OP-S)

Would you recommend (facility chosen for Outpatient Surgery) to family and friends?

- Definitely Not
 Probably Not
 Probably Yes
 Definitely Yes

WOULD RECOMMEND FACILITY TO FAMILY OR FRIENDS (OP-T)

Would you recommend (facility chosen for Outpatient Testing) to family and friends?

- Definitely Not
 Probably Not
 Probably Yes
 Definitely Yes

HOSPITAL SELECTION

TOP OF MIND AWARENESS

When you think of hospitals in your area, which one comes to mind first?

Name _____

HOSPITAL SELECTION

If you had to go to a hospital for a planned overnight stay, using a 5 point scale with "1" being "not at all important" and "5" being "very important", how important would the following factors be to you when selecting a facility?

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Conveniently located | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Recommendation from family/friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Hospital participates in your insurance plan | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Your doctor recommends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Previous experience with the hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. Reputation of the hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

HOSPITAL ADVERTISING

HOSPITAL ADVERTISING RECALL

Thinking of hospital advertising, which hospital's advertising comes to mind first?

Name _____

WHERE (AD) READ, SEEN, HEARD

Where did you read, see or hear that advertisement? (Select one answer)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Physician's Office |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Social Network Site (e.g. Facebook) |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Ad on bus/train/subway |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Television | |

MAIN IDEA OF AD

What was the advertisement's main idea?

- The hospital's medical services (e.g. Emergency Room, Maternity/OB, Cancer)
- The hospital's awards, accreditations or other recognitions
- Facility updates (e.g. enhancements, expansion, new location)
- The hospital's doctors, nurses or other staff
- A preventive care or wellness message
- New relationships (e.g. merger, affiliation, partnership)

SERVICE ADVERTISED

What service specifically was advertised?

- Cancer Treatment
- Heart Care
- Hospital Emergency Room
- Neurology (Stroke/Brain or Spine Illness/Injury)
- Orthopedic (Treatment/Surgery, Physical Therapy or Sports Medicine)
- Pediatric Services
- Women's Services (Maternity/OB or GYN)
- Other Medical Service
- Don't Recall

IMAGE AD PORTRAYS

Did that advertisement have a positive, negative or no influence on your image of the Hospital? (Select one answer)

- Positive Influence
 Negative Influence
 No Influence

LIKELY FOLLOW-UPS

After seeing that advertisement, which of the following are you likely to do? (Select as many as apply)

- Use the hospital's website to learn more
- Think differently about the hospital
- Recommend the hospital to others
- Use a social media site (e.g. Facebook, Twitter, YouTube, etc.) to learn more about the hospital
- None of the above

PREFERRED ADVERTISING METHOD

What is your preferred method for receiving information about hospitals? (Select one answer)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Physician's Office |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Social Network Site (e.g. Facebook) |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Ad on bus/train/subway |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Television | |

HOSPITAL BRANDING

FAMILIARITY WITH HOSPITAL

Using a 5 point scale with "1" being "not at all familiar" and "5" being "very familiar", how familiar are you with (facility from Top of Mind)?

- 1
 2
 3
 4
 5

TOP OF MIND AWARENESS RATING SUMMARY

Thinking of (facility from Top of Mind), using the 5 pt. scale with "1" being "worst in the market" and "5" being "best in the market", how would you rate it against other hospitals in your market on the following...?

- | | | | | | |
|-------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Doctors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Nurses | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Image/Reputation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Personalized Care | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Equipment/Technology | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. Range of Service | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

HOSPITAL SYSTEM BRANDING

TOP OF MIND HOSPITAL SYSTEM

Thinking of health/hospital systems in your area, which one comes to mind first?

Name _____

SYSTEM DIFFERENTIATORS

Based on anything you have read, heard, or know from personal experience, what factors, if any, stand out in your mind as things that the system you just mentioned does especially well that sets it apart from other systems in the area?

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive services | <input type="checkbox"/> New and advanced technology and equipment |
| <input type="checkbox"/> Higher Quality Care | <input type="checkbox"/> Better doctors and nurses |
| <input type="checkbox"/> Use of Electronic Medical Records | <input type="checkbox"/> Participates in my health plan |
| <input type="checkbox"/> Community responsibility | <input type="checkbox"/> Faster emergency room service/treatment |
| <input type="checkbox"/> Lower cost/Affordability | <input type="checkbox"/> Award Winning |
| <input type="checkbox"/> Convenient locations/Easy access/Proximity | <input type="checkbox"/> Nothing |
| <input type="checkbox"/> Caring and compassionate doctors and nurses | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Strong Image/Reputation | |

HOSPITAL UTILIZATION THAT IS PART OF A HEALTHCARE SYSTEM

Which of the following statements best describes how you feel about using a hospital that is part of a healthcare system?

- I am much more likely to choose a hospital that is part of a health system
 I am somewhat more likely to choose a hospital that is part of a health system
 It makes no difference to me whether or not a hospital is part of a health system
 I am somewhat less likely to choose a hospital that is part of a health system
 I am much less likely to choose a hospital that is part of a health system

OUTMIGRATION OF HEALTHCARE SERVICES

LEFT AREA FOR HEALTHCARE

In the last three years, have you or anyone in your household had to go outside your area for healthcare services? (Select one answer.)

- Yes
 No

HOSPITAL LAST USED OUTSIDE AREA

If yes, which hospital/facility did you use last outside your area?

Name _____

SERVICES USED WHEN LEFT AREA FOR HEALTHCARE

For which of the following services did you leave the area? (Select as many as apply.)

- | | |
|---|---|
| <input type="checkbox"/> Bariatric (Weight Loss) Surgery | <input type="checkbox"/> Neurology (Stroke/Brain or Spine Illness/Injury) |
| <input type="checkbox"/> Cancer Treatment | <input type="checkbox"/> Orthopedic Treatment/Surgery |
| <input type="checkbox"/> Heart Care | <input type="checkbox"/> Pediatric Services |
| <input type="checkbox"/> Imaging Services (MRI, CT, PET Scan) | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Maternity/OB Services | <input type="checkbox"/> Women's/GYN |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Other |

OUTMIGRATION OF HEALTHCARE SERVICES (CONTINUED)

DISTANCE TRAVELED OUTSIDE AREA FOR CARE

How many miles did you travel outside your area for those services? (Enter whole number. Please round your answer to the nearest whole number)

HEALTH PLANS

HEALTH PLAN MARKET SHARE

HOUSEHOLD INSURANCE COVERAGE

Are you currently covered by any form of health insurance or health plan? (A health plan includes any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid.)

- Yes
- No, I am not covered by any health insurance
- Don't Know

HEALTH PLAN CATEGORY

Is your PRIMARY health insurance coverage private or government sponsored?

- Private Insurance - Provided through an employer or purchased independently
- Government Sponsored
- Don't Know

HEALTH PLAN TYPE

What type of plan is your PRIMARY insurance?

- | | |
|--|--|
| <input type="checkbox"/> HMO (Health Maintenance Organization) | <input type="checkbox"/> Medicaid (Medi-Cal in California) |
| <input type="checkbox"/> PPO (Preferred Provider Organization) | <input type="checkbox"/> VA, Military or CHAMPUS |
| <input type="checkbox"/> POS (Point-of-Service) | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Traditional/Indemnity/Fee for service | <input type="checkbox"/> Other - Please Specify _____ |
| <input type="checkbox"/> Medicare or Medicare Advantage | |

HEALTH PLAN NAME

What is the name of your PRIMARY health insurance provider?

- | | |
|---|---|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Highmark |
| <input type="checkbox"/> Blue Cross/Blue Shield | <input type="checkbox"/> Humana |
| <input type="checkbox"/> Blue Cross of California | <input type="checkbox"/> Independence Blue Cross |
| <input type="checkbox"/> Blue Shield of California | <input type="checkbox"/> Kaiser Permanente |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> UnitedHealth Group |
| <input type="checkbox"/> Coventry Health Care | <input type="checkbox"/> WellPoint |
| <input type="checkbox"/> Health Care Service Corporation (HCSC) | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Health Net | <input type="checkbox"/> Other - Please Specify _____ |

HOSPITAL SELECTION

If you had to go to a hospital for a planned overnight stay, using a 5 point scale with "1" being "not at all important" and "5" being "very important", how important would the following factors be to you when selecting a facility?

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Conveniently located | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Recommendation from family/friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Hospital participates in your insurance plan | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Your doctor recommends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Previous experience with the hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. Reputation of the hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

PHYSICIAN OFFICE/MEDICAL CLINICS

PHYSICIAN ACCESS

PURPOSE OF HOUSEHOLD'S LAST PHYSICIAN VISIT

Thinking of your HOUSEHOLD'S last physician visit, what was the purpose of this most recent visit? (Select only one.)

- Routine care (physical exam or check-up)
- Minor illness/injury (such as sore throat)
- Chronic or ongoing condition
- Urgent Care
- No one in household saw a physician within the last 2 years

PHYSICIAN'S SPECIALTY DURING LAST VISIT

What type of doctor was last seen? (Select only one.)

- Family Practice/General Practitioner
- Obstetrician/Gynecologist
- General Internist
- Pediatrician
- Other Specialist

RETAIL/MINI CLINICS – USAGE AND DEMAND

Retail/mini clinics offer an affordable, quick alternative to a physician office visit. They are typically located onsite at a pharmacy or retail chain like CVS, Wal-Mart or Target where certified nurse practitioners diagnose and treat select common family illnesses. They do not require an appointment, and are typically open seven days a week. Visits are reimbursed by most insurance plans.

RETAIL-BASED MEDICAL CLINIC UTILIZATION

Have you used this type of medical clinic before? (Select one answer.)

- Yes
- No

COMMUNITY NEEDS ASSESSMENT

HEALTHCARE UTILIZATION

HEALTHCARE UTILIZATION

Have you or a household member used any of the following services in the last three years? (Select as many as apply.)

- Hospital Inpatient Stay
- Hospital Emergency Room
- Outpatient Surgery
- Outpatient Testing/Treatment
- None

MEMBER OF HOUSEHOLD DEFERRED HEALTHCARE IN LAST SIX MONTHS

Have you or anyone in your household delayed any healthcare treatment in the last six months?

- Yes
- No

PRIMARY REASONS FOR DELAYING HEALTHCARE TREATMENT

What were the primary reasons for delaying healthcare treatment? (Please select all that apply)

- Concerned about spending during current economy
- Do not have regular/primary physician
- Treatment not covered by health plan
- Healthcare provider does not have convenient hours
- Concerned to take the time off from work
- Problem not serious
- No insurance
- Unable to pay
- Concerned about my co-pay amount or deductible not being met
- No Generic prescription medicine available and co-pay for Brand was too high
- Employed but in waiting period before coverage starts
- Symptoms come and go, willing to manage on my own for now
- No home care giver to support my needs after "the event" (surgery, rehab, sub-acute)
- Other, please specify _____

CHRONIC CONDITIONS

Has ANY HOUSEHOLD MEMBER been diagnosed as having any of the following health problems? (Select as many as apply.)

- Arthritis
- Asthma
- Cancer (Other than Skin)
- Chronic Headaches
- Chronic Heartburn
- Depression/Anxiety Disorder
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Migraines
- Obesity/Weight Problems
- Osteoporosis
- Sciatica/Chronic Back Pain
- Skin Cancer
- Sleep Problem/Insomnia
- Smoker
- Stroke
- No Chronic Condition in Household

PREVENTIVE HEALTH BEHAVIORS

Has ANY HOUSEHOLD MEMBER used or had any of the following health care services or tests in the last 12 months? (Select as many as apply.)

- Blood Pressure Test
- BMI (Body Mass Index) Screening
- Cardiovascular Stress Test
- Child Immunizations
- Cholesterol Tests
- Colon Screening
- Eye Exam
- Dental Exam
- Diabetes Screening
- Flu Shot
- Hearing Test
- Mental Health Screening
- Mammogram
- Osteoporosis Testing
- Pap Smear
- Pre-Natal Care
- Prostrate Screening
- Routine Physical Exam
- Stop Smoking Program
- Weight Loss Programs
- No preventive service or test in household

HOUSEHOLD PROFILE

HEALTH STATUS (HOUSEHOLD LEVEL)

In general, would you say the health of each household member is... (Select one answer in each row)

- Poor
 Fair
 Good
 Very Good
 Excellent

YEARS LIVED IN COMMUNITY

How long have you lived in your community? (Select one answer.)

- Less than one year
- 1-2 years
- 2-3 years
- 3-5 years
- 5-9 years
- 10 or more years

DEMOGRAPHIC PROFILE

DEMOGRAPHIC PROFILE

RESPONDENT GENDER

Are you male or female?

- Male Female

RESPONDENT AGE

What is your age?

- 18-34 35-44 45-64 65+

HOUSEHOLD INCOME

What is your annual household income (before taxes)?

- Under \$25,000
 \$25,000 - \$49,999
 \$50,000 - \$74,999
 \$75,000 - \$99,999
 Over \$100,000

MARITAL STATUS

What is your marital status?

- Single (Never married)
 Domestic Partnership
 Married
 Separated/Divorced/Widowed

PRESENCE OF CHILDREN IN THE HOUSEHOLD

How many children do you have living in your household who are under the age of 18?

- | | |
|----------------------------|-------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 or more |

NUMBER OF HOUSEHOLD MEMBERS

Including yourself, how many people live in your household?

- | | |
|----------------------------|-------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 or more |

RACE

What race do you consider yourself?

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Other race |
| <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Don't know/Prefer not to answer |

HISPANIC ORIGIN

Do you consider yourself to be of Hispanic/Spanish/Latino descent?

- Yes No

HIGHEST LEVEL OF EDUCATION

Please select the highest level of education that you have completed (Select one answer):

- | | |
|---|--|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Graduated 4-year College/University |
| <input type="checkbox"/> Middle School/Junior High School | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> High School | <input type="checkbox"/> Postgraduate |
| <input type="checkbox"/> Some College/University | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Graduated 2-year College | |

WEB USAGE & SOCIAL MEDIA

WEB USAGE

VISITED HOSPITAL WEBSITE

While using the internet, have you recently visited the website of a hospital or health care provider?

- Yes No

HOSPITAL WEBSITE MOST VISITED

Which hospital or health care provider's website do you visit the most?

Name _____

MOST IMPORTANT INFORMATION

When visiting the website of a hospital or health care provider, what information is most important to you?

- | | |
|---|--|
| <input type="checkbox"/> How to find the hospital | <input type="checkbox"/> Awards and credentials |
| <input type="checkbox"/> How to find a physician | <input type="checkbox"/> Photos of the facility |
| <input type="checkbox"/> The hospital's mission | <input type="checkbox"/> Doctor bios |
| <input type="checkbox"/> Information on specific diseases | <input type="checkbox"/> Live chat/blog with a staff member |
| <input type="checkbox"/> Emergency room wait times | <input type="checkbox"/> Patient ratings/reviews of doctors |
| <input type="checkbox"/> Payment/billing information | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Hospital specialty/service lines | <input type="checkbox"/> I don't visit hospital or health care provider websites |
| <input type="checkbox"/> Current hospital news | |

LIKELIHOOD TO PREFER HOSPITAL BASED ON WEBSITE

If you visit a hospital or health care provider website, how likely would you be to prefer them for future health care services? (With "1" being "Not at All Likely" and "5" being "Very Likely"):

- 1 2 3 4 5

MOBILE DEVICE UTILIZATION

Have you used a mobile handheld device (cell phone, smart phone, tablet – not a desktop or laptop computer) to access health-care-information of any kind?

- Yes No

WEBSITE VS. APPLICATION

How was the information found on your mobile device?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Both website and application |
| <input type="checkbox"/> Application | <input type="checkbox"/> Other, please specify _____ |

FUTURE MOBILE DEVICE UTILIZATION

In the next 12 months, do you anticipate using a mobile handheld device to access healthcare information of any kind?

- Yes No

SOCIAL MEDIA

SOCIAL MEDIA UTILIZATION

Do you use social media (e.g. Facebook, Twitter, YouTube, etc.)?

- Yes No Don't Know

MENTIONED/DISCUSSED HOSPITAL

While using social media, have you mentioned or discussed a hospital or health care provider?

- Yes No

INTERACTED DIRECTLY WITH HOSPITAL

While using social media, have you interacted directly with a hospital or health care provider? (This would include liking or following a hospital)

- Yes No

MENTIONED/DISCUSSED/INTERACTED WITH HOSPITAL

While using social media, which hospital or health care provider do you mention, discuss, or interact with the most?

Name _____

SOCIAL MEDIA (CONTINUED)

FORM(S) OF SOCIAL MEDIA USED

What form(s) of social media do you use as a source of health information?

- Facebook
- Twitter
- YouTube
- MySpace
- FourSquare
- Pinterest
- LinkedIn
- Instagram
- Vine
- Other, please specify _____

ACTIVITIES PERFORMED

Which of the following activities do you perform when using social media for health information?

- Search for health information
- Share stories about your healthcare experience
- Rate the quality of care received from a healthcare provider
- Keep others informed of your healthcare status or the healthcare status of a family member
- Ask for doctor/hospital recommendations
- Ask for health advice
- Raise the awareness of health information
- Fundraising for a health-related cause
- Seek out support from others with similar health issues
- Other, please specify _____
- None of the above

LIKELIHOOD TO PREFER HOSPITAL BASED ON SOCIAL MEDIA

If you mention, discuss, or interact with a hospital or health care provider while using social media, how likely would you be to prefer them for future health care services? (With "1" being "Not at All Likely" and "5" being "Very Likely"):

- 1 2 3 4 5

SOCIAL MEDIA AS A SOURCE OF HEALTH INFORMATION

Do you use social media (e.g. Facebook, Twitter, YouTube, etc.) as a source of health information?

- Yes No Don't Know

LEVEL OF TRUST AND CONFIDENCE IN INFORMATION RECEIVED

How would you rate your level of trust and confidence in the health information you receive through social media from hospitals or health care providers? (With "1" being "Very Low" and "5" being "Very High"):

- 1 2 3 4 5

BrandArc

BrandArc questions are not available to all clients due to varying levels of membership within Market Insights. Consult your Account Manager if you have questions about your level of access. All of the BrandArc questions refer to the facility named for Top of Mind Awareness on the survey and are automatically populated by this facility name when presented to the respondent.

PRESENCE

TOP OF MIND OTHER MENTIONS

Besides (Top of Mind facility), when you think of additional hospitals/facilities in your area, which other one comes to mind next?

Name _____

Name _____

DISTINCTION

OVERALL QUALITY OF HOSPITAL

How would you rate the overall quality of (Top of Mind facility)?

- Poor
 Fair
 Good
 Very Good
 Excellent

UNIQUE/DIFFERENT HOSPITAL IS FROM OTHER HOSPITALS IN AREA

Using a 5 point scale with "1" being "not at all unique/different" and "5" being "very unique/different", how unique/different is (Top of Mind Facility) from other hospitals in the area?

- 1
 2
 3
 4
 5

HOSPITAL DIFFERENTIATORS

Based on anything you have read, heard, or know from personal experience, what factors, if any, stand out in your mind as things that (Top of Mind Facility) does especially well that sets it apart from other providers in the area? (Select as many as apply.)

- Caring and compassionate doctors and nurses
- New and advanced technology and equipment
- Strong image/reputation
- Better doctors and nurses
- Participates in my health plan
- Convenient locations/Easy access/Proximity
- Faster emergency room service/treatment
- Expertise in all fields
- Award Winning
- Community Involvement
- Other, please specify _____
- Nothing
- Don't know

VALUE

HOSPITAL MOMENTUM

Based on your own experience and perceptions, which of the following best describe (Top of Mind Facility)?

- It is really on the way up
- It is on the way up
- It is not moving
- It is on the way down
- It is really on the way down
- Not sure/don't know

RELEVANCE OF HOSPITAL

Using a 5 point scale with "1" being "not at all relevant" and "5" being "very relevant", how relevant is (Top of Mind Facility) to you personally?

- 1
 2
 3
 4
 5

IMAGE/REPUTATION RATING

Thinking of (Top of Mind Facility), using the 5 pt. scale with "1" being "worst in the market" and "5" being "best in the market", how would you rate it against other hospitals in your market on the following...? (Image/Reputation)

- 1
 2
 3
 4
 5

RELATIONSHIP

HOSPITAL BRAND PERSONALITY

If (Top of Mind Facility) were a person, how would you describe your relationship with them? (Please select a single response)

- Acquaintance - Knowing of them but not close to them
- Kinship/Affinity - Having an inherent liking or connection with them
- Casual Buddy - Sharing a fondness for them but without long-term commitment to them
- Childhood Friend - A relationship formed years ago that is looked upon with nostalgia
- Best Friend - The strongest possible kind of friendship
- Courtship - A period in a relationship where wooing takes place
- Marriage of Convenience - A marriage contracted for reasons other than relationship, family, or love
- Committed Partnership - A long-term voluntary union that is reciprocal in nature
- Dependency - A feeling that they are irreplaceable
- Aversion/Hostility - A desire to avoid them
- Love-Hate - A personal relationship involving simultaneous or alternating emotions of love and hostility
- Enslavement - Feeling you have no choice but to use them
- None of the above
- Don't Know

MOST PREFERRED OTHER HOSPITAL FOR UTILIZATION

Thinking of other facilities that you would use, which other hospital/facility would you prefer most to use?

Name _____

USED HOSPITAL IN LAST THREE YEARS

Have you or a household member used (Top of Mind Facility) for any services in the last three years?

- Yes No

LOYALTY

HOSPITAL SELECTION SENSITIVITY

Which of the following best describes how strong you feel about using (Top of Mind facility)?

- It is the only hospital I would use
- I prefer it, but I would consider another hospital if I had to
- I would use it, but I do not feel that strongly about it
- I would use it, but would prefer to go somewhere else
- I would not use it

MOST PREFERRED OTHER HOSPITAL FOR UTILIZATION

Thinking of other facilities that you would use, which other hospital/facility would you prefer most to use?

Name _____

WOULD RECOMMEND FACILITY TO FAMILY OR FRIENDS (OVERALL)

Would you recommend (facilities chosen for Inpatient Stay, Emergency Room, Outpatient Surgery, Outpatient Testing) to family and friends?

- Definitely Not Probably Not Probably Yes Definitely Yes