

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.

Brand Dashboard

AWARENESS

Top-of-Mind Hospital

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

Name: _____

Top-of-Mind Other

Besides [Top of Mind Hospital], when you think of additional hospitals/facilities in your area, which other one comes to mind next?

Name: _____

Hospital Advertising Recall

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

Name: _____

Hospital Social Media Recall

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

Name: _____

Hospital Website Recall

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

Name: _____

Quality/Image Summary

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

Best accommodations/amenities? _____
 Best at providing community health programs? _____
 Best doctors? _____
 Best image/reputation? _____
 Best nurses? _____
 Best overall quality? _____
 Highest patient safety? _____
 Hospital most conveniently located to you? _____
 Hospital/facility website used most often? _____
 Latest technology and equipment? _____
 Most personalized care? _____
 All your household's healthcare needs? _____
 Providing care to those unable to pay? _____
 Widest range of services? _____

Service Line Preference

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

Bariatric (weight-loss) surgery: _____
 Cancer treatment: _____
 Heart care: _____
 Hospital emergency room: _____
 Hospital inpatient stay: _____
 Imaging services (MRI, CT, PET scan): _____
 Maternity/OB: _____
 Mental health services: _____
 Neurology (Stroke/Brain or Spine Illness/Injury): _____
 Orthopedic treatment/surgery: _____
 Outpatient/same-day surgery: _____
 Outpatient testing/treatment: _____
 Pediatric services: _____
 Physical therapy: _____
 Primary care: _____
 Senior services: _____
 Sports medicine: _____
 Transplant Services: _____
 Women's/GYN: _____

RECALL

Advertising

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

Name: _____

Social Media

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

Name: _____

Website

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

Name: _____

IMAGE**Quality/Image**

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

Best accommodations/amenities? _____

Best at providing community health programs? _____

Best doctors? _____

Best image/reputation? _____

Best nurses? _____

Best overall quality? _____

Highest patient safety? _____

Hospital most conveniently located to you? _____

Hospital/facility website used most often? _____

Latest technology and equipment? _____

Most personalized care? _____

All your household's healthcare needs? _____

Providing care to those unable to pay? _____

Widest range of services? _____

PREFERENCE**Service Line Preference**

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

Bariatric (weight-loss) surgery: _____

Cancer treatment: _____

Heart care: _____

Hospital emergency room: _____

Hospital inpatient stay: _____

Imaging services (MRI, CT, PET scan): _____

Maternity/OB: _____

Mental health services: _____

Neurology (Stroke/Brain or Spine Illness/Injury): _____

Orthopedic treatment/surgery: _____

Outpatient/same-day surgery: _____

Outpatient testing/treatment: _____

Pediatric services: _____

Physical therapy: _____

Primary care: _____

Senior services: _____

Sports medicine: _____

Transplant Services: _____

Women's/GYN: _____

NPS (NET PROMOTER SCORE)

First Top-of-Mind Mention

How likely would you be to recommend (Top-of-Mind Hospital) to a friend or family member?

- | | | | |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> 0 - Not at all likely | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 Extremely likely |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | |

Second Top-of-Mind Mention

How likely would you be to recommend (Top-of-Mind Other Hospital) to a friend or family member?

- | | | | |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> 0 - Not at all likely | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 Extremely likely |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | |

LOYALTY INDEX

First & Second Top-of-Mind Mention

Brand Score

How would you rate the overall image/reputation of (Top-of-Mind Hospital)?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

Engagement

In which ways have you interacted with (Top-of-Mind Hospital)? (Select all that apply)

- ☐ I have visited their website
- ☐ I have followed them on a social media platform
- ☐ I attended a health event sponsored by them
- ☐ I have volunteered there
- ☐ I have donated money to them
- ☐ I have visited a friend/family member there
- ☐ Other please specify
- ☐ N/A – I have not interacted with them

Need

To what extent do you agree or disagree with the following statement: (Top-of-Mind Hospital) offers services that meet my health and wellness needs.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neutral
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly Agree

Access (CES)

To what extent do you agree or disagree with the following statement: (Top-of-Mind Hospital) makes it easy for me to access their services.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neutral
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly Agree

Motivation

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

- ☐ It is the only hospital I would use
- ☐ I prefer it, but I would consider another hospital if I had it
- ☐ 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

Experience

On a scale of 0 being the worst and 10 being the best, how would you rate the most recent experience you have had with (Top-of-Mind Hospital)?

- | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | |

NPS

How likely would you be to recommend (Top-of-Mind Hospital) to a friend or family member?

- | | | | |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> 0 - Not at all likely _ | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 Extremely likely |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | |

Brand Personality Dashboard

DISTINCTION

Access

To what extent do you agree or disagree with the following statement: (Top-of-Mind Hospital) makes it easy for me to access their services.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neutral
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly Agree

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 (Top-of-mind hospital)?

- ☐ 1 – Not at all familiar
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 – Very familiar

Hospital Differentiators

Based on anything you have read or heard, or know from personal experience, what factors, if any, stand out in your mind as things that (Top-of-Mind Hospital) does especially well that set(s) it apart from other providers in the area? (Select all that 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
- ☐ Easy-to-understand bill paying process
- ☐ Nothing
- ☐ Don't know
- ☐ Other, please specify: _____

Need

To what extent do you agree or disagree with the following statement: (Top-of-Mind Hospital) offers services that meet my health and wellness needs.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neutral
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly Agree

Overall Quality of Hospital

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

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

Unique/Different from other hospitals in area

Using a five-point scale, with "1" being "Not at all unique/different" and "5" being "Very unique/different," how unique/different is (Top-of-Mind Hospital) from other hospitals in the area?

- ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5

VALUE**Experience**

On a scale of 0 being the worst and 10 being the best, how would you rate the most recent experience you have had with (Top-of-Mind Hospital)?

- | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | |

Hospital Momentum

Based on your own experience and perceptions, which of the following best describes (Top-of-Mind Hospital)?

- ☐ 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
- ☐ Don't know/unsure

Image/Reputation Rating

How would you rate the overall image/reputation of (Top-of-Mind Hospital)?

- ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Motivation

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

- ☐ 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

Relevance of Hospital

Using a five-point scale, with "1" being "Not at all relevant" and "5" being "Very relevant," how relevant is (Top-of-Mind Hospital) to you personally?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Used Hospital in Last 3 Years

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

- ☐ Yes
☐ No

Consumer Dashboard

DEMOGRAPHIC PROFILE

Age

What is your age?

- ☐ 18–34
- ☐ 35–44
- ☐ 45–64
- ☐ 65+

Children

How many children do you have living in your household who are under the age of 18? (Select one answer)

- | | | | |
|----------------------------|----------------------------|----------------------------|-------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 or more |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | |

Employment Status

Head of household's employment status:

- ☐ Student/homemaker/other
- ☐ Work full-time (employed by someone else)
- ☐ Work full-time (self-employed)
- ☐ Work part-time (employed by someone else)
- ☐ Work part-time (self-employed)
- ☐ None of the above

Gender

Are you male or female?

- ☐ Female ☐ Male

Highest Level of Education

Please select the highest level of education that you have completed.

- ☐ Elementary school
- ☐ Middle school/junior high school
- ☐ High school
- ☐ Graduate school
- ☐ Graduated 2-year college
- ☐ Graduated 4-year college/university
- ☐ Some college/university
- ☐ Postgraduate
- ☐ Prefer not to say

Hispanic Origin

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

- ☐ Yes
☐ No

Household Income

What is your annual household income (before taxes)?

- ☐ Over \$100,000
☐ \$50,000–\$99,999
☐ \$25,000–\$49,999
☐ Under \$25,000

Household Members

Including yourself, how many people live in your household? (Select one answer)

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

Marital Status

What is your marital status? (Select one answer)

- ☐ Divorced/widowed/separated
☐ Domestic partnership
☐ Single (Never married)
☐ Married

Race

What race do you consider yourself? (Select one answer)

- ☐ Asian
☐ Black or African-American
☐ White
☐ Other

Smoker

Are you or anyone in your household a smoker?

- ☐ Yes
☐ No

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

CONSUMER BEHAVIOR**Children's Hospital Selection**

When selecting a children's hospital, which of the following qualities of the caregivers themselves would be most important to you? (Select all that apply.)

- ☐ Previous experience with caregiver(s)
- ☐ They are good with children
- ☐ Reputation
- ☐ They explain things well to my child
- ☐ Approach to care
- ☐ Doctors listen to my child
- ☐ They explain things well to me
- ☐ Provide high-quality care
- ☐ Doctors listen to me
- ☐ Other, please specify: _____

Children's Hospital Sources

When selecting a children's hospital, which sources of information would you use? (Select all that apply.)

- ☐ Hospital website
- ☐ Referral from another doctor
- ☐ Consumer reviews (e.g., Healthgrades, Yelp, Angie's List)
- ☐ Facility tour
- ☐ Recommendations from family or friends
- ☐ Social Media (e.g., Facebook, LinkedIn, Twitter)
- ☐ My insurance provider's website
- ☐ State Medical Association or Medical Licensing Board
- ☐ Other, please specify: _____

Comparing Cost in Provider Selection

How often do you compare costs between providers when deciding where to go for health care procedure?

- ☐ Always
- ☐ Usually
- ☐ Frequently
- ☐ Occasionally
- ☐ Never

Conveniently located

If you had to go to a hospital for a planned overnight stay, on a five-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? Conveniently Located

- ☐ Very Important (5)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ Not at all important (1)

Cost of Services

If you had to go to a hospital for a planned overnight stay, on a five-point scale, with “1” being “Not at all important” and “5” being “Very important,” how important would the cost of services be to you when selecting a facility?

- ☐ Very Important (5)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ Not at all important (1)

Delayed Care

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

- ☐ Yes
- ☐ No

Doctor Status – Have a doctor

Do you currently have a primary care, general, or family doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

Doctor Status – Last Doctor Visit

When did you last visit a doctor?

- ☐ Within 6 months
- ☐ Between 6-12 months
- ☐ Between 1-2 years ago
- ☐ Between 2-3 years ago
- ☐ Between 3-5 years ago
- ☐ More than 5 years ago
- ☐ Don't know/Not sure

Doctor recommends

If you had to go to a hospital for a planned overnight stay, on a five-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? Your doctor recommends

- ☐ Very Important (5)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ Not at all important (1)

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

Hospital participates in insurance plan

If you had to go to a hospital for a planned overnight stay, on a five-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? Hospital participates in your insurance plan

- ☐ Very Important (5)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ Not at all important (1)

E-Visit/Virtual Visit/Telemedicine

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? An e-visit with a doctor using a video service on my computer or phone

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

EMR Record

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to my own Electronic Medical Records

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Freestanding ER

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to a freestanding ER

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Holistic/Alternative Medicine

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to alternative or holistic methods of care (e.g. acupuncture, homeopathy, massage therapy, ect.)

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Online Cost Estimator

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to an online tool to estimate cost of specific healthcare services

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Personal Health Assessment/Survey

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to Personal Health Assessment Surveys

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Received care from PA or NP

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to care from a Physician's Assistant or Nurse Practitioner in place of a physician

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Retail Clinic

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to medical clinics located inside of a retail store such as CVS, Wal-Mart, Target, or a grocery store

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Urgent Care

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to urgent care clinics

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Used app to order doctor for home visit

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to a mobile app to order an available primary care doctor for home visit

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

Wearable fitness device

If your preferred hospital or health care system were to offer each service listed below, how would you feel about having the option to use the following services? Access to a wearable device (such as a FitBit) to capture fitness data

- ☐ I would not plan to use this service
- ☐ I would not be excited to use this service
- ☐ I would feel slightly excited
- ☐ I would be very excited

INNOVATION READINESS PAST USAGE**E-Visit/Virtual Visit/Telemedicine**

In the past, have you used the following services? A virtual or e-visit with a doctor using a video service on my computer or phone

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

EMR Record

In the past, have you used the following services? Access my own Electronic Medical Records

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Freestanding ER

In the past, have you used the following services? Visited a freestanding ER

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Holistic/Alternative Medicine

In the past, have you used the following services? Used alternative or holistic methods of care (e.g. acupuncture, homeopathy, massage therapy, etc.)

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Online Cost Estimator

In the past, have you used the following services? Used an online tool to help estimate the cost of specific healthcare services

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Personal Health Assessment/Survey

In the past, have you used the following services? Taken a Personal Health Assessment/Survey

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Received care from PA or NP

In the past, have you used the following services? Access to care from a Physician's Assistant or Nurse Practitioner in place of a physician

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Retail Clinic

In the past, have you used the following services? Used a medical clinics located inside of a retail store such as CVS, Wal-Mart, Target, or a grocery store

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Urgent care

In the past, have you used the following services? Visited an urgent care clinic

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Used app to order a doctor for a home visit

In the past, have you used the following services? Used a mobile app to order an available primary care doctor for home visit

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Wearable Fitness Device

In the past, have you used the following services? Worn a wearable fitness device (such as a FitBit) to capture fitness data

- ☐ Yes
- ☐ No
- ☐ Not Sure/Don't Know

Long-Term Care Provider Selection

When selecting a long-term care facility, which of the following would be most important to you? (Select all that apply.)

- ☐ Covered by my insurance
- ☐ I feel like part of a community there
- ☐ Location
- ☐ Allows pets
- ☐ Cost
- ☐ Amenities (e.g., food, laundry, transportation)
- ☐ Comfortable environment
- ☐ Fits my lifestyle
- ☐ Provides mental-health services
- ☐ Coordinated social activities
- ☐ Provides rehab services
- ☐ Its values align with my own
- ☐ Part of a hospital or healthcare system
- ☐ Availability
- ☐ Other, please specify: _____

Long-Term Care Selection

When selecting a long-term care facility, which of the following qualities would be most important in long-term care staff (including doctors)? (Select all that apply.)

- ☐ Previous experience with me
- ☐ Listens to me
- ☐ Reputation
- ☐ Creates a personal connection with me
- ☐ Approach to care
- ☐ Provides high-quality care
- ☐ Explains things well
- ☐ Other, please specify: _____

Long-Term Care Sources

When searching for a long-term care facility, which sources of information would you use to help you decide where to go? (Select all that apply.)

- ☐ Facility website
- ☐ Referral from a hospital
- ☐ Consumer reviews (e.g., HealthGrades Yelp, Angie's List)
- ☐ Referral from my doctor
- ☐ Recommendations from family or friends
- ☐ Social Media (e.g., Facebook, LinkedIn, Twitter)
- ☐ Facility tour
- ☐ My insurance provider's website
- ☐ State Medical Association or Medical Licensing Board
- ☐ Other, please specify: _____

Loyalty Drivers

Which of the following do you feel drive your loyalty to the hospital or health system? (Select all that apply):

- ☐ Accepts Insurance
- ☐ Advanced Technology/Equipment
- ☐ Affordable Care
- ☐ Best Doctors/Nurses/Staff
- ☐ Compassionate/Personalized Care
- ☐ Doctor Recommendation
- ☐ Hospital Location
- ☐ N/A - I do not consider myself loyal to a hospital or health system
- ☐ Previous Experience
- ☐ Reputation/Brand
- ☐ Strength Family/Friend Recommendation
- ☐ System Affiliation
- ☐ Other, please specify: _____

Loyalty to a Hospital or Health System

Would you consider yourself a loyal customer of a local hospital or health system?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Online Ratings and Reviews

If you had to go to a hospital for a planned overnight stay, on a five-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? Online ratings and reviews

- ☐ (5) Very Important
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ (1) Not at all important

Outmigration

In the last three years, have you or anyone in your household had to go outside your area for healthcare services?

- ☐ Yes
- ☐ No

Outmigration Distance

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

Outmigration Services

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

- ☐ Cancer treatment
- ☐ Pediatric services
- ☐ Heart care
- ☐ Imaging services (MRI, CT, PET Scan)
- ☐ Women's/GYN
- ☐ Maternity/OB services
- ☐ Bariatric (weight loss) surgery
- ☐ Neurology (stroke/brain or spine illness/injury)
- ☐ Orthopedic treatment/surgery
- ☐ Other _____

Pediatric Provider Selection

When selecting a children's hospital which of the following would be most important to you? (Select all that apply.)

- ☐ Covered by my insurance
- ☐ Location
- ☐ Cost
- ☐ Child-friendly environment
- ☐ Provides relevant education and information
- ☐ Provides access to my patient records
- ☐ Part of a hospital or healthcare system
- ☐ Provides family services
- ☐ Its values align with my own
- ☐ Affiliated with a charity
- ☐ Conducts exploratory research
- ☐ Specialized in treatment of a specific disease
- ☐ Provides comprehensive treatment of many diseases
- ☐ Other, please specify: _____

Previous Experience

If you had to go to a hospital for a planned overnight stay, on a five-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? Previous experience with the hospital

- ☐ (5) Very Important
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ (1) Not at all important

Primary Care Doc Selection

When selecting a doctor, which of the following would be most important to you? (Select all that apply.)

- ☐ Previous experience with doctor
- ☐ Reputation
- ☐ Approach to care
- ☐ Explains things well
- ☐ Listens to me
- ☐ Creates a personal connection
- ☐ Personality
- ☐ Gender
- ☐ Age
- ☐ Provides high-quality care
- ☐ Other, please specify: _____

Primary Care Selection

When selecting a doctor's office, which of the following would be most important to you? (Select all that apply.)

- ☐ Covered by my insurance
- ☐ Office Location(s)
- ☐ Cost
- ☐ Appealing office environment
- ☐ Provides relevant education and information
- ☐ Provides access to my patient records
- ☐ Part of a hospital or healthcare system
- ☐ Appointment availability
- ☐ Flexible hours
- ☐ Useful website
- ☐ Short in-office wait times
- ☐ Friendly office staff
- ☐ Values align with my own
- ☐ Other, please specify: _____

Primary Care Sources

When searching for a doctor, which sources of information would you use? (Select all that apply.)

- ☐ Doctor's office website
- ☐ Consumer reviews (e.g., HealthGrades, Yelp, Angie's List)
- ☐ Social media (e.g., Facebook, LinkedIn, Twitter)
- ☐ State medical association or medical licensing board
- ☐ Referral from another doctor
- ☐ Recommendations from family or friends
- ☐ My insurance provider's website
- ☐ Other, please specify: _____

Primary Reason Inpatient Stay

What is the primary reason you chose that facility for your most recent inpatient visit?

- ☐ Best overall quality
- ☐ Convenient location
- ☐ Facility has the best doctors
- ☐ Facility has the best nurses
- ☐ Insurance required to use that facility
- ☐ Latest technology or equipment
- ☐ Most personalized care
- ☐ Previous experience at that facility
- ☐ Recommendation from family or friends
- ☐ Reputation of the facility
- ☐ Your doctor recommended/affiliated with facility
- ☐ Other, please specify: _____

Primary Reason Outpatient Care

What is the primary reason you chose that facility for your most recent outpatient surgery?

- ☐ Best overall quality
- ☐ Facility has the best doctors
- ☐ Facility has the best nurses
- ☐ Insurance required to use that facility
- ☐ Latest technology or equipment
- ☐ Most personalized care
- ☐ Previous experience at that facility
- ☐ Convenient location
- ☐ Recommendation from family or friends
- ☐ Reputation of the facility
- ☐ Your doctor recommended/affiliated with facility
- ☐ Other, please specify: _____

Purpose of Physician Visit

Thinking of your HOUSEHOLD'S last physician visit, what was the purpose of this most recent visit?

- ☐ Routine care (physical exam or check-up)
- ☐ Minor illness/injury (e.g., a sore throat)
- ☐ Chronic or ongoing condition
- ☐ Urgent care
- ☐ No one in my household has seen a physician within the last two years

Rated/Reviewed Doctor Online

Have you ever rated a doctor or written a review for a doctor online?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Reasons for Delayed Care

What were the primary reasons for delaying healthcare treatment? (Select as many as 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
- ☐ Employed, but in waiting period before coverage starts
- ☐ Symptoms come and go, willing to manage on my own for now
- ☐ No Generic prescription medicine available and co-pay for Brand was too high
- ☐ No home care giver to support my needs after "the event" (e.g., surgery, rehab, sub-acute)
- ☐ Other, please specify: _____

Recommendation from family/friends

If you had to go to a hospital for a planned overnight stay, on a five-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? Recommendation from family/friends

- ☐ Very Important (5)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ Not at all important (1)

Reputation of Hospital

If you had to go to a hospital for a planned overnight stay, on a five-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? Reputation of hospital

- ☐ Very Important (5)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ Not at all important (1)

Viewed Doctor Ratings/Reviews Online

Have you ever viewed the ratings or reviews of a doctor online?

- ☐ Yes
- ☐ No
- ☐ Don't Know

HEALTH PROFILE**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 problems/insomnia
- ☐ Stroke
- ☐ No chronic conditions in household

Household Insurance

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 government programs like Medicare or Medicaid.)

- ☐ Yes
- ☐ No, I am not covered by any health insurance
- ☐ I don't know

Insurance Category

Is your PRIMARY health-insurance coverage private or government sponsored?

- ☐ Government sponsored
- ☐ Private insurance - Provided through an employer or purchased independently
- ☐ Don't know

Insurance Provider

What is the name of your primary health-insurance provider?

- ☐ Aetna
- ☐ Blue Cross of California
- ☐ Blue Cross/Blue Shield
- ☐ Blue Shield of California
- ☐ Cigna
- ☐ Coventry Health Care
- ☐ Health Care Service Corporation (HCSC)
- ☐ Health Net
- ☐ Highmark
- ☐ Humana
- ☐ Independence Blue Cross
- ☐ Kaiser Permanente
- ☐ UnitedHealth Group
- ☐ WellPoint
- ☐ Other, please specify: _____
- ☐ Don't know

Insurance Type

What type of plan is your PRIMARY insurance?

- ☐ HMO (Health Maintenance Organization)
- ☐ POS (Point-of-Service)
- ☐ PPO (Preferred Provider Organization)
- ☐ Traditional/indemnity/fee for service
- ☐ Medicare or Medicare Advantage
- ☐ Medicaid (and Medi-Cal in California)
- ☐ VA, Military or CHAMPUS
- ☐ Other, please specify: _____
- ☐ I don't know

Preventative Health Behaviors

Has any household member used or had any of the following healthcare 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
- ☐ Prostate Screening
- ☐ Routine Physical Exam
- ☐ Stop Smoking Program
- ☐ Weight Loss Programs
- ☐ No preventative service or test in household

COMMUNICATION BEHAVIOR**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

Health Information Useful Sources – Consumer Reviews

Thinking of the last time you chose to receive healthcare, how useful was each of the following sources of information in deciding where to go? Online Consumer reviews (e.g. Healthgrades, Yelp, RateMD's)

- ☐ 5 – Very Useful
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 – Not at all Useful

Health Information Useful Sources – Hospital Website

Thinking of the last time you chose to receive healthcare, how useful was each of the following sources of information in deciding where to go? Hospital Website

- ☐ 5 – Very Useful
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 – Not at all Useful

Health Information Useful Sources – Insurance Provider's Website

Thinking of the last time you chose to receive healthcare, how useful was each of the following sources of information in deciding where to go? My insurance provider's website

- ☐ 5 – Very Useful
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 – Not at all Useful

Health Information Useful Sources – Mailers/Brochures

Thinking of the last time you chose to receive healthcare, how useful was each of the following sources of information in deciding where to go? Mailers and brochures

- ☐ 5 – Very Useful
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 – Not at all Useful

Health Information Useful Sources – Social Media

Thinking of the last time you chose to receive healthcare, how useful was each of the following sources of information in deciding where to go? Social Media (e.g. Facebook, LinkedIn, Twitter)

- ☐ 5 – Very Useful
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 – Not at all Useful

Health Information Useful Sources – Talking to Friends and Family

Thinking of the last time you chose to receive healthcare, how useful was each of the following sources of information in deciding where to go? Talking to family and friends

- ☐ 5 – Very Useful
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 – Not at all Useful

Health Information Useful Sources – Talking to another Doctor

Thinking of the last time you chose to receive healthcare, how useful was each of the following sources of information in deciding where to go? Talking to another doctor

- ☐ 5 – Very Useful
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 – Not at all Useful

Image Ad Portrays

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

- ☐ Negative
- ☐ No influence
- ☐ Positive

Likely Action

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

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

Main Idea

What was the advertisement's main idea?

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

Mobile Device Utilization

Have you used a mobile handheld device (e.g., cell phone, smartphone, tablet—not a desktop or laptop computer) to access healthcare information of any kind?

- ☐ Yes
- ☐ No

Most Important Website Info

When visiting the website of a hospital or healthcare provider, what information is most important to you? (Select as many as apply.)

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

Online Ratings and Reviews

If you had to go to a hospital for a planned overnight stay, on a five-point scale, with "1" being "Not at all important" and "5" being "Very important," how important would online ratings and reviews be to you when selecting a facility?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Prefer Based on Social Media

If you mention, discuss, or interact with a hospital or healthcare provider while using social media, how likely would you be to prefer them for future healthcare services? Use a five-point scale, with "1" being "Not at all likely" and "5" being "Very likely."

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Prefer on Website

If you visit a hospital or healthcare provider website, how likely would you be to prefer them for future healthcare services? Use a five-point scale with "1" being "Not at all likely" and "5" being "Very likely."

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Preferred Advertising Method

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

- ☐ Ad on bus/train/subway
- ☐ Billboard
- ☐ Mailings
- ☐ Radio
- ☐ Social networking site (e.g., Facebook)
- ☐ Television
- ☐ Newsletter
- ☐ Newspaper
- ☐ Physician's office
- ☐ Website
- ☐ Other _____

Recalled Platform

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

- ☐ Ad on bus/train/subway
- ☐ Billboard
- ☐ Mailings
- ☐ Newsletter
- ☐ Newspaper
- ☐ Physician's office
- ☐ Radio
- ☐ Social networking site (e.g., Facebook)
- ☐ Television
- ☐ Website
- ☐ Other, please specify _____

Recalled Services

What service specifically was advertised? (Select one answer)

- ☐ 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

Social Activities

Which of the following activities do you perform when using social media for health information? (Select as many as apply.)

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

Social Media Interaction

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

- ☐ Yes
- ☐ No

Social Media Mentions

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

- ☐ Yes
- ☐ No

Social Media Utilization

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

- ☐ Yes
- ☐ No
- ☐ Don't Know

Social Platforms

What form(s) of social media do you use as a source of health information? (Select all that apply.)

- ☐ Facebook
- ☐ Instagram
- ☐ LinkedIn
- ☐ Pinterest
- ☐ Twitter
- ☐ YouTube
- ☐ Snapchat
- ☐ Other, please specify: _____

Social Trust

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?

- ☐ 1 – Very Low ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Very High

Social as a Source

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

- ☐ Yes
☐ No
☐ Don't Know

Visited Hospital Website

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

- ☐ Yes
☐ No

Ad Hoc Reporting

AWARENESS

Top of Mind Hospital

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

Name: _____

Top of Mind Other

Besides [Top of Mind Hospital], when you think of additional hospitals/facilities in your area, which other one comes to mind next?

Name: _____

IMAGE

Quality/Image Summary

What is your first choice hospital/facility for

Best accommodations/amenities? _____
 Best at providing community health programs? _____
 Best doctors? _____
 Best image/reputation? _____
 Best nurses? _____
 Best overall quality? _____
 Highest patient safety? _____
 Most convenient location? _____
 Hospital/facility website used most often? _____
 Latest technology and equipment? _____
 Most personalized care? _____
 All your household's healthcare needs? _____
 Providing care to those unable to pay? _____
 Widest range of services? _____

LAST VISIT SHARE

Hospital Emergency Room Last Used

Which hospital/facility was most recently used for...? Hospital Emergency Room

Name: _____

Hospital Inpatient Stay Last Used

Which hospital/facility was most recently used for...? Hospital Inpatient Stay

Name: _____

Hospital Outpatient Testing/Treatment Last Used

Which hospital/facility was most recently used for...? Outpatient Testing/Treatment

Name: _____

Hospital Outpatient Surgery Last Used

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

Name: _____

OUTMIGRATION**Hospital Last Used Outside Area**

Which hospital/facility did you use last outside your area?

PREFERENCE**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?

Bariatric (weight-loss) surgery: _____

Cancer treatment: _____

Heart care: _____

Hospital emergency room: _____

Hospital inpatient stay: _____

Imaging services (MRI, CT, PET scan): _____

Maternity/OB: _____

Mental health services: _____

Neurology (Stroke/Brain or Spine Illness/Injury): _____

Orthopedic treatment/surgery: _____

Outpatient/same-day surgery: _____

Outpatient testing/treatment: _____

Pediatric services: _____

Physical therapy: _____

Primary care: _____

Senior services: _____

Sports medicine: _____

Transplant Services: _____

Women's/GYN: _____

RECALL**Hospital Advertising Recall**

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

Name: _____

Hospital Social-Media Recall

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

Name: _____

Hospital Website Recall

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

Name: _____

Ranking Report

AWARENESS

Top of Mind Hospital

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

Name: _____

Top of Mind Other

Besides [Top of Mind Hospital], when you think of additional hospitals/facilities in your area, which other one comes to mind next?

Name: _____

IMAGE

Quality/Image Summary

What is your first choice hospital/facility for

Best accommodations/amenities? _____
Best at providing community health programs? _____
Best doctors? _____
Best image/reputation? _____
Best nurses? _____
Best overall quality? _____
Highest patient safety? _____
Most convenient location? _____
Hospital/facility website used most often? _____
Latest technology and equipment? _____
Most personalized care? _____
All your household's healthcare needs? _____
Providing care to those unable to pay? _____
Widest range of services? _____

PREFERENCE

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?

Bariatric (weight-loss) surgery: _____
 Cancer treatment: _____
 Heart care: _____
 Hospital emergency room: _____
 Hospital inpatient stay: _____
 Imaging services (MRI, CT, PET scan): _____
 Maternity/OB: _____
 Mental health services: _____
 Neurology (Stroke/Brain or Spine Illness/Injury): _____
 Orthopedic treatment/surgery: _____
 Outpatient/same-day surgery: _____
 Outpatient testing/treatment: _____
 Pediatric services: _____
 Physical therapy: _____
 Primary care: _____
 Senior services: _____
 Sports medicine: _____
 Transplant Services: _____
 Women's/GYN: _____

RECALL

Hospital Advertising Recall

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

Name: _____

Hospital Social-Media Recall

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

Name: _____

Hospital Website Recall

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

Name: _____

SYSTEM AWARENESS

Top of Mind Hospital System

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

Name: _____