



## 2010 COMMUNITY SURVEY

1. Please list your zip code: \_\_\_\_\_
  
2. Please check your age category:
  - 18-25
  - 26-35
  - 36-49
  - 50-64
  - 65 +
  
3. Please check which type of healthcare coverage you use.

<input type="checkbox"/> Private	<input type="checkbox"/> Medicare
<input type="checkbox"/> Employer sponsored	<input type="checkbox"/> Other _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> None
  
4. Who is the primary health care decision maker in your family?
  - Male
  - Female
  - Jointly
  
5. Do you feel you are aware of most of the services Elizabethtown Community Hospital provides to the community?
  - Yes
  - No
  
6. Have you ever traveled out of Essex County to receive medical care?
  - Yes
  - No

If yes, for what reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
  
7. Have you or a family member used Elizabethtown Community Hospital for health care services within the past two years?
  - Yes (Go to question 8)
  - No (Go to question 9)

**8. If yes, mark which services were used; and rate your satisfaction from 1 to 5: 1 being very dissatisfied and 5 being very satisfied, NA being “not applicable.”**

	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Unsure</i>	<i>Satisfied</i>	<i>Very Satisfied</i>		
Emergency Room	1	2	3	4	5	NA	
Inpatient Services	1	2	3	4	5	NA	
Laboratory	1	2	3	4	5	NA	
Radiology	1	2	3	4	5	NA	
Physical Therapy	1	2	3	4	5	NA	
Outpatient Services	1	2	3	4	5	NA	
Elizabethtown Community Health Center	1	2	3	4	5	NA	
Westport Health Center	1	2	3	4	5	NA	
High Peaks Health Center (Wilmington)	1	2	3	4	5	NA	
Specialty Clinic	1	2	3	4	5	NA	Which clinic(s)/doctor
							_____
							_____

**9. Please list the health care services that are most important to you and your family:**

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**10. Rate the following statements based on your perception of Elizabethtown Community Hospital on a scale of 1 to 5: 1 being “definitely do not agree” and 5 being “definitely agree.”**

	<i>Definitely do not agree</i>	<i>Don't agree</i>	<i>Unsure</i>	<i>Agree</i>	<i>Definitely Agree</i>
ECH provides prompt service.	1	2	3	4	5
Residents of Essex County have adequate access to medical services.	1	2	3	4	5
My perception of Elizabethtown Community Hospital (ECH) is very positive.	1	2	3	4	5
Staff at ECH is well trained.	1	2	3	4	5

My neighbors visit ECH for medical care.	1	2	3	4	5
ECH is a clean facility.	1	2	3	4	5
ECH staff is friendly and helpful.	1	2	3	4	5
ECH has many state of the art technologies.	1	2	3	4	5
There is a great need for diabetes education.	1	2	3	4	5
The medical staff is well-trained, professional and capable of handling emergencies.	1	2	3	4	5
The hospital offers access to specialists.	1	2	3	4	5
The hospital has many high-tech capabilities.	1	2	3	4	5
A 24-hour Emergency Room is important to me.	1	2	3	4	5
ECH is capable of handling serious injuries and life-threatening situations.	1	2	3	4	5
I would recommend ECH to family and friends	1	2	3	4	5

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. What do you already know about services available at ECH & what would you like the hospital to offer in the future? Please check *what the hospital offers, what it does not offer and what you'd like it to offer.***

	<b>ECH offers</b>	<b>ECH does not offer</b>	<b>I'd like it to offer</b>
Digital mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to recover at ECH after surgery performed at a different hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-hour emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to specialty physicians (cardiology, oncology, orthopedics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-tech medical capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone density scans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Regarding health care, what do you feel your community is lacking?**

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**13. My primary source(s) of news is/are:** (please check all that apply)

- |                                                      |                                                       |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Channel 5 (WPTZ)            | <input type="checkbox"/> Lake Placid News             |
| <input type="checkbox"/> Channel 3 (WCAX)            | <input type="checkbox"/> Lake Champlain Weekly        |
| <input type="checkbox"/> Press-Republican            | <input type="checkbox"/> Internet                     |
| <input type="checkbox"/> Valley News                 | <input type="checkbox"/> WOKO                         |
| <input type="checkbox"/> Free Trader Today           | <input type="checkbox"/> NCPR                         |
| <input type="checkbox"/> Times of Ti                 | <input type="checkbox"/> Satellite radio              |
| <input type="checkbox"/> Pennysaver                  | <input type="checkbox"/> Other _____ (please specify) |
| <input type="checkbox"/> Adirondack Daily Enterprise | <input type="checkbox"/> Other _____ (please specify) |

**14. Do you use social media?**

- Facebook
- MySpace
- Twitter
- LinkedIn
- No, I do not use social media

**15. Have you visited the ECH Web site?** (www.ech.org)

- Yes
- No

**16. Have you visited the ECH Facebook page?**

- Yes
- No

**17. Are you familiar with the Joint Commission for Accreditation of Hospital Organizations (JCAHO) - now known as The Joint Commission?**

- Yes
- No

**18. Are you familiar with the term “Critical Access Hospital”?**

- Yes
- No

**19. Additional comments:**

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*Thank you for taking the time to complete this survey.*

*Your thoughts and opinions are important to the future of Elizabethtown Community Hospital.*

Please return in the postage paid envelope to: Community Relations Department Elizabethtown Community Hospital P.O. Box 277, Elizabethtown, NY 12932
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