



HOSPITAL ACCESSIBILITY SURVEY

This survey attempts to assess the successes and failures of our local hospitals in relation to their sensitivity and responses to the needs of clients with disabilities.

YOU CAN MAKE A VALUABLE CONTRIBUTION BY SIMPLY COMPLETING THESE SIX QUESTIONS. THANK YOU!

1. Did you make use of any local hospital services within the last 12, 24, or 36 months? (circle one)
2. What kind of services? Lab/outpatient _____ or inpatient _____
3. What is the nature of your disability?
4. Were the hospital facilities readily accessible to you?
If not, please elaborate.
5. Was communication and information readily understood?
If not, please elaborate.
6. To what extent did hospital staff recognize and respond to the special needs associated with your disability? (circle one)
Excellent Good Average Poor Very Poor

7. Please share any additional comments.

Please send completed survey to:

AFA Hospital Survey

P.O. Box 1580

SLO, CA 93406

E-Mail: pwolff@calpoly.edu or FAX: 543-2346

Name of responder: (optional) _____