



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.

PLEASE INDICATE THE RONALD McDONALD HOUSE WHERE YOU MOST RECENTLY STAYED:

- Bakersfield Ronald McDonald House
- Loma Linda Ronald McDonald House
- Los Angeles Ronald McDonald House
- Orange County Ronald McDonald House
- Pasadena Ronald McDonald House

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 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 2. The convenience and cleanliness of your bathroom | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 3. The noise level in and around room | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 4. Your comfort using common areas such as the family/play room | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 5. The availability of and usefulness of computers/ computer room | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 6. The availability of and access to outdoor areas | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 7. The kitchen and the equipment (e.g., pots and pans, pantry) you needed to prepare your own meals | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 8. Availability of meals (provided by others) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 9. Availability of laundry services | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| 10. Availability of transportation | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |

| | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| 11. Availability of activities for you and your family | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 12. The helpfulness and friendliness of the staff | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 13. The helpfulness and friendliness of the volunteers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 14. Respect from staff of your culture | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 15. Availability of support services (e.g. social workers, emotional support) at the House | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 16. Your overall experience at the Ronald McDonald House | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 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 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 | | | | | Don't Know/ Not Applicable |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|
| 1. Ease of the referral process | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 2. Ease of check in | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 3. Ease of check out | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 4. Respect for your privacy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 5. Explanation of House procedures | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 6. Explanation of 28-day stay policy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 7. Request for payment of House fees | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 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. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 2. While staying at the Ronald McDonald House, I felt emotionally supported from other families, staff and volunteers. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 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). | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 4. My ability to stay close by improved my child's experience at the hospital. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 5. My ability to stay close by improved my child's recovery at the hospital. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 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. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| 7. The Ronald McDonald House helped my family stay together during a very difficult time. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |

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

HOSPITAL EXPERIENCE

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

| Area | Your Experience 1 = Very Poor 2 = Poor 3 = Average 4 = Good 5 = Very Good | Don't Know |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Overall rating of the care received during your child's visit at the hospital | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| Likelihood of recommending the hospital to another family | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |

| | Your Experience 1 = Strongly Disagree 2 = Disagree 3 = Neither Agree Nor Disagree 4 = Agree 5 = Strongly Agree | Don't Know |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| The Ronald McDonald House shortened the amount of time my child stayed in the hospital. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| Staying at the Ronald McDonald House improved my family's overall hospital experience. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |

WHAT COMMENTS DO YOU HAVE ABOUT YOUR HOSPITAL EXPERIENCE?

BACKGROUND QUESTIONS

1. Where do you live?

- Los Angeles County
- Orange County
- Riverside County
- San Bernardino County
- Kern County
- Other California County _____ (please tell us where)
- Out of State _____ (please tell us where)
- International _____ (please tell us where)

2. 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?
- | | |
|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Accident/Trauma |
| <input type="checkbox"/> Neonatal/Premature Birth | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Transplant | <input type="checkbox"/> Ophthalmology/Eye Condition |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Genetic condition | (please tell us) |
8. What is your patient child's age? _____
9. What is your relationship to the patient child?
- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Stepfather | |
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):
- | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> From a doctor | <input type="checkbox"/> From another family |
| <input type="checkbox"/> From a nurse | <input type="checkbox"/> From a brochure or other information in the hospital |
| <input type="checkbox"/> From a social worker | <input type="checkbox"/> At a support group meeting |
| <input type="checkbox"/> From a psychologist | <input type="checkbox"/> From another Ronald McDonald House |
| <input type="checkbox"/> From an interpreter | <input type="checkbox"/> Other |
| <input type="checkbox"/> From a Child Life Specialist | |
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.)

- | | |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asian/Pacific | |

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?
