



We hope you enjoyed your stay at the Harbor House of Rochester. You can help us improve the house for future families and have answers for many major funders who want to know how our house has impacted the families that have been served. Please help us to continue our mission by completing this survey. Your answers will be kept completely confidential.

Name (Optional): _____

How did you hear about the Harbor House? _____

What year did you stay at the house? _____

Approximately how long did you stay? (Circle one)

- 1-2days 3-4 days 5-6 days 1week 2 weeks 3 weeks 1 month 2months 3 or more months

Please circle the number that best describes your opinion.

1= agree 2=undecided 3=disagree N/A= not applicable Comment:

COMMON AREAS

- | | | | | |
|---|---|---|---|-----|
| 1. The shared living areas of the house are easily accessible. | 1 | 2 | 3 | N/A |
| 2. The shared living areas of the house are clean and comfortable. | 1 | 2 | 3 | N/A |
| 3. The kitchen is stocked with an adequate supply of dishes, silverware and cookware. | 1 | 2 | 3 | N/A |
| 4. I feel comfortable and safe in any part of the house. | 1 | 2 | 3 | N/A |

FOOD

- | | | | | |
|--|---|---|---|-----|
| 1. If dinners were provided I would eat them every day. | 1 | 2 | 3 | N/A |
| 2. There is enough food at the house to find something to eat. | 1 | 2 | 3 | N/A |
| 3. If breakfast was provided, I would eat it every day. | 1 | 2 | 3 | N/A |

HOUSE RULES

- | | | | | |
|---|---|---|---|-----|
| 1. The rules in the house were clearly explained at check-in. | 1 | 2 | 3 | N/A |
| 2. I was provided with a copy of the House Guidelines at check-in for future reference. | 1 | 2 | 3 | N/A |
| 3. The house guests adhere to the rules even after all staff and volunteers have left. | 1 | 2 | 3 | N/A |
| 4. I would report another guest for breaking a rule if it was affecting my comfort or health. | 1 | 2 | 3 | N/A |
| 5. The rules of the house are reasonable and do not affect my comfort. | 1 | 2 | 3 | N/A |

FINANCIAL

On a scale of 1 to 5 with 1 being very significant and 5 being not at all significant:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. How significant was the room rate in your decision to stay at the Harbor House? | 1 | 2 | 3 | 4 | 5 | N/A |
|--|---|---|---|---|---|-----|

On a scale of 1 to 5 with 1 being completely agree and 5 being totally disagree:

Was the rate you were charged a comfortable amount for you to pay? 1 2 3 4 5 N/A

2. Did the manager ask if you were comfortable with the rate being charged? YES/NO

3. If your stay at the Harbor House allowed you to save money you would have spent on hotel or gasoline, did you use that money instead on any of these items?

Please rank the top three with numbers 1, 2, &3 with "1" being next to the item you spent the most money saved from Harbor House services.

- | | | |
|-------------------------------|-----------------------------------|--------------------|
| ___ Utility bills | ___ Medical bills | ___ Car payment |
| ___ Medical insurance premium | ___ Mortgage or apartment payment | ___ Groceries |
| ___ Prescribed medications | ___ Other expenses | ___ Not applicable |

TRANSPORTATION TO AND FROM HOSPITAL

Please circle the number that best describes your opinion. 1= agree 2=undecided 3=disagree N/A= not applicable

- | | | | | |
|--|-----|---|---|-----|
| 1. Walking to the hospital during the day is fine with me. | 1 | 2 | 3 | N/A |
| 2. Walking home from the hospital at night is fine with me. | 1 | 2 | 3 | N/A |
| 3. I used the employee shuttle and it was convenient. | 1 | 2 | 3 | N/A |
| 4. I called hospital security for a ride in an emergency or on a holiday with no problems. | 1 | 2 | 3 | N/A |
| 5. I had a car with me. | YES | | | NO |

AMENITIES

- | | | | | |
|--|-----|---|---|-----|
| 1. The laundry room is clean and the machines are in good working order. | 1 | 2 | 3 | N/A |
| 2. The computer is easy to use and I am able to do all that I need on it | 1 | 2 | 3 | N/A |
| 3. I would like having a volunteer to take me shopping or on errands. | 1 | 2 | 3 | N/A |
| 4. The television in my room and downstairs recreation room work well and are easy to use. | 1 | 2 | 3 | N/A |
| 5. The DVD player is easy to use and there are plenty of movies available. | 1 | 2 | 3 | N/A |
| 6. If Harbor House provided a shuttle for transport to and from hospital, I would use it. | 1 | 2 | 3 | N/A |
| 7. I like having a daily newspaper available. | 1 | 2 | 3 | N/A |
| 8. There is a nice selection of books and/or magazines. | 1 | 2 | 3 | N/A |
| 9. I used the recumbent bicycle to exercise while at the house. | Yes | | | No |

MY PERSONAL SPACE

- | | | | | |
|---|---|---|---|-----|
| 1. The room and bathroom are clean and comfortable. | 1 | 2 | 3 | N/A |
| 2. The linens and towels are in good condition. | 1 | 2 | 3 | N/A |
| 3. There are adequate cleaning supplies provided for me to keep my room and bathroom clean. | 1 | 2 | 3 | N/A |
| 4. I feel comfortable and safe when I am in my room. | 1 | 2 | 3 | N/A |
| 5. The key fobs are easy to use and make me feel secure. | 1 | 2 | 3 | N/A |
| 6. I liked living with other people who were faced with a similar situation to mine. | 1 | 2 | 3 | N/A |

SUPPORT FROM STAFF AND VOLUNTEERS

- | | | | | |
|---|---|---|---|-----|
| 1. It was important to me to have someone at the house when I got home at night. | 1 | 2 | 3 | N/A |
| 2. There needs to be staff or a volunteer on site at all times including overnight. | 1 | 2 | 3 | N/A |
| 3. I feel comfortable when no volunteers are at the house. | 1 | 2 | 3 | N/A |
| 4. Volunteers or staff helped make my stay more comfortable. | 1 | 2 | 3 | N/A |

PERSONAL COMFORT

- | | | | | |
|--|---|---|---|-----|
| 1. The proximity of the Harbor House to the hospital helped to decrease your stress level. | 1 | 2 | 3 | N/A |
| 2. Had the Harbor House not been available to you, would you have stayed in a hotel or motel? If yes, how many nights? Yes No #nights_____ | | | | |
| 3. During your family member’s hospitalization, where were you sleeping before you checked into Harbor House? | | | | |
| ___Family member’s hospital room in a bed | ___Family member’s hospital room in a chair | | | |
| ___Hospital waiting room | ___Vehicle | | | |
| ___Hotel/motel/other (please explain) | ___I went home | | | |

____ Other (please explain) _____

4. During your family member's hospitalization, how many hours of sleep per day did you get **before** your stay at Harbor House (select one)
0-1 2-3 4-5 6-7 8-9 10+
5. During your family member's hospitalization, how many hours of sleep did typically get **while staying** at Harbor House?
0-1 2-3 4-5 6-7 8-9 10+
6. In your opinion, how significantly did your stay at Harbor House relax your Loved-one in the hospital?
1(very significant) 2 (significant) 3 (somewhat significant) 4(not at all significant)
7. **Before** your stay at Harbor House, how would you have rated your physical condition?
0(very poor) 1(poor) 2(Fair) 3(good) 4(excellent)
8. **After** your stay at Harbor House, how would you have rated your physical condition?
0(very poor) 1(poor) 2(Fair) 3(good) 4(excellent)
9. **Before** your stay at Harbor House, what was your level of anxiety?
1(very high) 2(high) 3(normal) 4(low) 5 (no anxiety)
10. During your stay at Harbor House, what was your level of anxiety?
1(very high) 2(high) 3(normal) 4(low) 5 (no anxiety)
11. How would you rank your level of anxiety and stress upon check-out from the Harbor House?
1(very high) 2(high) 3(normal) 4(low) 5 (no anxiety)
12. In your opinion how did your stay at the Harbor House impact your overall health (physical, emotional, spiritual)?
1(greatly improved) 2(somewhat improved) 3 (no change) 4 (somewhat worse) 5 (much worse)
13. Rate the impact of having the staff and volunteers at Harbor House available to you in terms of helping your anxiety level.
1(greatly improved) 2(somewhat improved) 3 (no change) 4 (somewhat worse) 5 (much worse)

UNMET NEEDS

Were there any needs or services important to you that Harbor House of Rochester did not provide?

(Please check all that apply)

____Transportation to and from hospital

____Transportation to shopping

____Meals

____Evening activities involving opportunities to be with other families staying at the house

TELL US MORE

What improvements do you think would make the Harbor House more comfortable for families? _____

List one or two reasons your experience at Harbor House was special or anything else you would like us to know.

Thank you for taking the survey. You are helping us make the Harbor House the best it can be for families.