

English



## Default Question Block

In which language would you like to take this survey?

- English
- Español - Seleccione Español en el menú desplegable en la esquina derecha superior
- Kreyòl Ayisyen - Chwazi "Creole" nan bwat seleksyon ki nan kwen anlè/adwat ekran

The purpose of this survey is to give you an opportunity to share feedback on your labor, delivery, and postpartum care. Our goal is to provide respectful care for all patients. We need your feedback to make sure we are providing the care you need. We are committed to providing you safe and respectful care.

**Please tell us about your care so that we can improve the care we provide. Answering the survey or any**

**survey question is voluntary. Choosing not to answer will not have any impact on the care you receive. Your name will not be collected. Your individual answers will not be shared with your hospital team or others.**

**Directions: Rate how strongly you agree or disagree with each of the statements about your experience during your stay for labor and delivery.**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I felt pressured by the health care team into accepting care I did not want or did not understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could take part in decisions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could ask questions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health care choices were respected by the health care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The health care team asked for my permission before carrying out exams and treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I trusted the health care team to take the best care of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
When the health care team could not meet my wishes, they explained why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**I was treated differently by the health care team because of:**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
My race or skin color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ethnicity or culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The type of health insurance I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The language I speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health and/or mental health status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### I was treated with respect and compassion:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
During my check-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During my labor and delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During my care after delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Excellent	Good	Average	Fair	Poor
The care I received was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**We have a few more questions about you. These questions help us understand your responses better. As a reminder, your name will not be collected. Your individual answers will not be shared with your hospital team or others.**

**My ethnicity is:**

- Hispanic
- Non-Hispanic
- Prefer not to answer

**My race is (select all that apply):**

- Asian
- Black
- Native American/American Indian
- Native Hawaiian/Pacific Islander
- White
- Other:
- Prefer not to answer

### **My age is:**

- Under 18
- 18 - 24
- 25 - 29
- 30 - 34
- 35 - 39
- 40 and above
- Prefer not to answer

### **The type of delivery I had was:**

- Vaginal
- Cesarean section
- Prefer not to answer

### **Is there anything else you would like to share about the care you received?**