

Dear Hospitality Homes Guest—

We are happy to have provided housing for you during your medical-related stay in Boston and hope everything went well. To assist us in helping other families in the future, we hope that you will take a few minutes to fill out and return this survey in the enclosed envelope. Thank you.

—The Hospitality Homes Staff

1. How did you first learn about Hospitality Homes? (check one)

- Boston-area hospital staff member Former Hospitality Homes guest
 Ronald McDonald House A hospital website link. Which? _____
 Online Search Hospitality Homes brochure
 Other (please specify) _____

2. Which hospital(s) did you visit in Boston? _____

3. Please rate the following statements on a scale of 1 (strongly disagree) to 5 (strongly agree)

	strongly disagree			strongly agree	
a. Hospitality Homes met my need for housing	1	2	3	4	5
b. I could not have afforded to stay in a hotel	1	2	3	4	5
c. The host's home was convenient to the hospital	1	2	3	4	5
d. I would recommend Hospitality Homes to others	1	2	3	4	5
e. The Hospitality Homes staff was helpful	1	2	3	4	5

4. What did you like *best* about Hospitality Homes? (please choose one)

- Hospital Proximity Hospitality Homes Staff
 Affordability Homey Atmosphere
 My Host Other _____

5. Would you recommend Hospitality Homes to a friend? _____

6. What changes would you make to improve the program? _____

7. Was the patient a guest at the host's home? Yes / No

8. What was your host's name? _____

9. How many nights did you stay at the host home? _____

10. Do you plan on making a donation to Hospitality Homes? Yes / No

11. What was your *most frequent* form of transportation from the host's home to the hospital? (please choose one)

Walked	My/Our car	Subway
Taxi	Bus	Commuter rail
Other _____		

Please see reverse for additional questions.

For office use only

Date received:

While answering these questions is optional, doing so will help us in identifying the population we are serving and will help us obtain information required by funders. **Your answers are confidential, and answers to questions 11-14 will only be used to calculate statistics.**

12. What is your primary ethnic heritage?

African-American Native American Caucasian
 Hispanic Asian Other _____

13. What is your household's annual income?

Less than \$10,000 \$10,001-\$25,000 \$25,001-\$40,000 \$40,001-\$75,000 Over \$75,000

14. How would you describe where you currently live? (Please circle one) Urban Suburban Rural

How would you describe where the patient currently lives? (Please circle one) Urban Suburban Rural

15. Do you, or any family members, work for a company that donates to nonprofit organizations?

Yes / No / Don't Know

If Yes or Don't Know, what is the name? _____

(We will not contact your employer without your permission.)

16. What has Hospitality meant to you? _____

May we use your quote? Yes / No

17. Other comments, or a story you would like to share _____

May we use your quote? Yes / No

18. Are you willing to be interviewed regarding your Hospitality Homes experience? Yes / No

(If you answer yes, you agree to be contacted by our office as we respond to opportunities for outreach and publicity)

19. Are you interested in assisting with Hospitality Homes outreach in your hometown area? Yes/No

20. **Your name** _____

Address _____

Thank you for taking the time to complete and return this survey!