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| **Patient and Family Advisory Council for Quality and Safety (PFACQS)****Associate Questionnaire** |
| **Applicant Information** |
| Name:       |
| Email address:       | Phone:       |
| Mailing address:       |
| City:       | State:       | ZIP Code:       |
| **Please tell us about your experience at MedStar Health.** |
| 1. Have you ever been hospitalized at MedStar Southern Maryland Hospital Center for more than 24 hours?
 |
|  | [ ]  Yes | [ ]  No |  |
|  | If your answer is YES, how long was your longest hospitalization?  |       |
| 1. Have you ever been a caregiver for a patient who was hospitalized at MedStar Southern Maryland Hospital Center for more than 24 hours?
 |
|  | [ ]  Yes | [ ]  No |  |
|  | If your answer is YES, how long was the longest hospital stay of the person you were caring for?  |
|  |       |
| 1. How many times have you or a person in your care been hospitalized at MedStar Southern Maryland Hospital Center in the last three years?
 |
|  |       |
| 1. How would you describe your hospital experience at MedStar Southern Maryland Hospital Center?
 |
|  |       |
| 1. What did the hospital do well during your stay or your loved one’s stay?
 |
|  |       |
| 1. What could the hospital have done better?
 |
|  |       |
| **Please tell us more about you.** |
| 1. How long have you worked at MedStar Southern Maryland Hospital Center?
 |
|  |       |       |
| 1. What is your role at MedStar Southern Maryland Hospital Center?
 |
|  |       |
| 1. Do you volunteer in your community? If so, for which organizations?
 |
|  |       |
| 1. Do you feel comfortable working in groups, speaking up and providing input?
 |
|  |       |
| 1. Is English your first language?
 |
|  | [ ]  Yes | [ ]  No |  |
|  | If No, what is your primary language?  |       |
| **Eligibility Criteria:** |
| 1. Are you able to attend meetings at MedStar Southern Maryland Hospital Center during weekday evenings?
 |
|  | [ ]  Yes | [ ]  No |  |
| 1. Are you willing to sign an agreement promising not to disclose confidential information given to you in your role as a member of the Patient Family Advisory Council for Quality and Safety?
 |
|  | [ ]  Yes | [ ]  No |  |

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