

NPQIC Birth Equity Initiative Patient Reported Experience Measure (PREM) Survey - English

Please tell us about your care. Your name will not be collected. Your individual answers will not be shared with your health care team.

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

<p>1. Hospital Name: (Drop Down with number and hospital name)</p>	<p>1. Bryan Health 2. CHI Bergan 3. CHI Immanuel 4. CHI Lakeside 5. CHI St Elizabeth 6. Methodist Women’s 7. Nebraska Medicine</p>
<p>2. I could take part in decisions about my care and ask questions about my care.</p>	<p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>
<p>3. My healthcare team did a good job listening to me; I felt heard.</p>	<p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>
<p>4. My healthcare choices were respected by the healthcare team.</p>	<p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>
<p>5. My healthcare team communicated well with each other, and they understood my background, home life, and health history.</p>	<p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>
<p>6. My healthcare team introduced themselves to me and my support persons, and explained their role in my care when they entered my room.</p>	<p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>
<p>7. The healthcare team asked for my permission before carrying out exams and treatments.</p>	<p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>

8. I felt pressured by the healthcare team into accepting care I did not want or did not understand.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
9. When the healthcare team could not meet my wishes, they explained why.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
10. I trusted the healthcare team to take the best care of me.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
11. I was treated differently by the health care team because of:	
My race or skin color	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My ethnicity or culture	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My sexual orientation or gender identity	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
The type of health insurance I have	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
The language I primarily communicate with	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

12. I was treated with respect and compassion:	
During my check-in	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
During my labor and delivery	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
During my care after delivery	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
During discharge	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
13. I was treated with respect and compassion:	
By the obstetric doctors/midwives that took care of me	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
By the nurses that took care of me	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
By other staff at the hospital	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
14. The care I received was:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average

	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
15. Please share any additional thoughts or comments about your experience with your delivery and hospital stay:	
Tell us more about yourself. Your name will not be collected. Your Individual answers will not be shared with your health care team.	
1. Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer
2. Race (select all that apply):	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to answer
3. Health insurance type:	<input type="checkbox"/> Private insurance <input type="checkbox"/> Public insurance (Medicaid or Medical Card) <input type="checkbox"/> Self-pay <input type="checkbox"/> Uninsured <input type="checkbox"/> Prefer not to answer
4. Sexual Orientation	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
5. Gender Identity (select all that apply):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender-neutral <input type="checkbox"/> Agender <input type="checkbox"/> Non-binary/Gender nonconforming <input type="checkbox"/> TransMale <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
6. Age	<input type="checkbox"/> 10-18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40+

	<input type="checkbox"/> Prefer not to answer
7. Type of Delivery:	<input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean section <input type="checkbox"/> Prefer not to answer
The Nebraska Perinatal Quality Improvement Collaborative would like to learn more about access to doula services during pregnancy and labor and delivery. Your name will not be collected. Your individual answers will not be shared with your healthcare team.	
8. Did you work with a doula (a trained birth assistant) during your pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. At what point during your pregnancy did you begin receiving doula support?	<input type="checkbox"/> First trimester (before 13 weeks) <input type="checkbox"/> Second trimester (14-26 weeks) <input type="checkbox"/> Third trimester (after 26 weeks)
b. Was the doula present during your labor and delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. I felt that my doula:	
Shared my cultural identity	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Shared my racial identity	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Was allowed to practice within their full scope	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
d. Is there a reason why you did not work with a doula during this pregnancy? (Select all that apply)	<input type="checkbox"/> Financial barrier <input type="checkbox"/> I was not aware of what a doula does <input type="checkbox"/> I did not want a doula <input type="checkbox"/> Other

Thank you for taking the time to share about your birth experience!