



San Joaquin General Hospital / A Division of San Joaquin County Health Care Services

Patient Registration/Admitting Survey

In order to improve the quality of care at San Joaquin General Hospital, we would like to insure the proper patient information is obtained in an appropriate manner. Please fill out the following questions so that we can assess this issue.

During the registration/admitting process (Circle your answer):

1. Were you asked race/ethnicity and language preference questions?

YES

NO

2. Were you comfortable providing race/ethnicity/language information to the registration clerk?

1
Very Uncomfortable

2

3
Comfortable

4

5
Very Comfortable

3. Would you be more comfortable providing your race/ethnicity/language information if the registration clerk explained the benefits of collecting this data?

YES

NO

4. Are you concerned that information regarding your race/ethnicity/language will be used to discriminate against you?

YES

NO

5. Do you believe that hospital clinics should collect this data in order to improve your quality of care?

YES

NO

6. Are you aware that interpreter services are available to you at San Joaquin General Hospital?

YES

NO

7. Have you used interpreter services at San Joaquin General Hospital?

YES

NO

IF YES (check those that apply),

___ An Interpreter that you provided for yourself

___ A Hospital Employee

___ Video Conferencing Interpreter

Comments:
