

The Tennessee Initiative for Perinatal Care Patient Reported Experience Measure (PREM)

Please complete the survey below.

Thank you!

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.

1. Hospital Name:
Click on the name of the hospital where you received care.

- Ascension Saint Thomas Rutherford Hospital
- Methodist LeBonheur Germantown Hospital
- Regional One Health
- Vanderbilt University Medical Center

2. I could take part in decisions about my care.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

3. I could ask questions about my care.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

4. My health care team did a good job listening to me, I felt heard.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

5. My health care choices were respected by the health care team.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

6. My health care team understood my background, home life and health history, and communicated well with each other.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

7. My health care team introduced themselves to me, and my support persons, and explained their role in my care when they entered my room.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

8. The health care team asked for my permission before carrying out exams and treatments.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

9. I did not feel pressured by the health care team into accepting care I did not want or did not understand.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

10. When the health care team could not meet my wishes, they explained why.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

11. I trusted the health care team to take the best care of me.

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

12. 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"/>
My sexual orientation or gender identity	<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"/>
The language I speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. 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 my discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. I was treated with respect and compassion:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
By the medical staff (including obstetricians, midwives, pediatricians, and nurse practitioners) that took care of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By the nurses that took care of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By other staff at the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. The care I received was:

Excellent Good Fair Poor

16. 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.

Ethnicity:

Hispanic
 Non-Hispanic
 Prefer not to answer

Race (select all that apply):

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

Race other:

Health insurance type:

Private insurance
 Public insurance (Medicaid or other)
 Self-pay
 Uninsured
 Prefer not to answer

My preferred language is:

- English
- Spanish
- Arabic
- Chinese
- Vietnamese
- French
- Hindi
- Mandarin
- Other

Language (Other)

Sexual Orientation:

- Straight/Heterosexual
- Bisexual
- Gay
- Lesbian
- Queer
- Other
- Prefer not to answer

Gender identity (Select all that apply):

- Female
- Male
- Gender-neutral
- Agender
- Non-binary/Gender nonconforming
- Trans Male
- Other
- Prefer not to answer

Age:

- 10-18
- 19-24
- 25-29
- 30-34
- 35-39
- 40+
- Prefer not to answer

Type of delivery:

- Vaginal
- Cesarean section
- Prefer not to answer