



Patient and Family Advisor (PFA) Survey

Name: (optional)- _____

CONTRIBUTIONS			
Time Commitment	On average, I contribute __ hours to the Patient Family Advisory Council (PFAC) per month.	1-2 hours 3-4 hours 5-6 hours Greater than 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Participation	What types of work groups, team or committees have you participated on in the PFAC?		
	Do you network with other PFACs for resources and support?	Yes No Not sure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	How satisfied are you with your Advisory role?	Not satisfied Somewhat satisfied Mostly satisfied Completely satisfied	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Are you interested in continuing in your role as a PFA?	Yes No Not sure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments:

PFAC STRUCTURE and DYNAMICS		
I understand my role as an Advisor with the PFAC.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Staff members and Advisors work collaboratively on the PFAC.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
My opinion is valued within the PFAC.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The PFAC is well organized.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The PFAC is supported by the organizations leadership.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The PFAC is sustainable.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The PFAC reflects the diversity of the population the organization serves (culture, age, disease/experience, geography)	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments: _____

PFAC IMPACT		
The PFAC recommendations are considered by leadership.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The PFAC recommendations are implemented.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The PFAC has the ability to bring positive change to the organization.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The PFAC makes efforts to improve or increase it's impact in the organization.	Strongly Agree Agree Neutral Disagree Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments:

CORE COMPETENCIES <i>(Please rate the following items where 10 is the highest score and 1 is the lowest score)</i>		
Your ability to:		(1-10)
	Establish partnerships	
	Constructively collaborate	
	Be solution focused	
	Be a representative voice	
	Maintain a teachable spirit: contributing as a learner and teacher	



ADDITIONAL FEEDBACK

What could your healthcare organization do better in order for you to have a greater impact as a Advisor?

How has your experience as an Advisor impacted your desire to improve healthcare?

How has your experience as an Advisor affected you in your role as a patient or caregiver?

How does this advisory role and council compare to others that you have served on?

What resource or support is or would be most beneficial to you as a Advisor?



What would improve your experience as an Advisor?

Please share a positive experience related to the Patient Family Advisory Council (PFAC) or role.

Please share any other questions, comments, or concerns regarding your PFAC.