

## Sample Departmental Survey HEALTH EDUCATION DEPARTMENT

### Sample Survey of Individual Departments

**SUBJECT: Health Education**

YES NO      1.      Do you think health education should be included in the process of patient education?

YES NO      2.      Do you see a role for Health Education in the patient care process?

YES NO      3.      Standards suggest that at least 25% (1-2 hours per day) of the Health Educator's time should be spent on patient education and I agree.

YES NO.      4.      Patient Education teaching sessions have been developed by this Health Education department.

YES NO      5.      I would feel comfortable in providing patient education sessions.

6.      *For each of the following where you currently provide group or patient education: Put a one (1) in front of those where you currently provide education; Put a two (2) in front of those where you would like to increase your patient education activities. If you are not involved in any of the following departments or if your Tribe does not have these departments, please put a Zero. (0)*

- |  |  |
|--|--|
| <input type="checkbox"/> WIC/Nutrition                 | <input type="checkbox"/> Elder organizations                                 |
| <input type="checkbox"/> Well Child Clinic             | <input type="checkbox"/> Head Start  |
| <input type="checkbox"/> Day Care Centers              | <input type="checkbox"/> Elementary Schools                                  |
| <input type="checkbox"/> Middle/junior schools         | <input type="checkbox"/> High Schools  |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Injury Prevention                                   |
| <input type="checkbox"/> Substance Abuse               | <input type="checkbox"/> Cancer Prevention/Screenings                        |
| <input type="checkbox"/> Parenting Programs            | <input type="checkbox"/> State, County, Tribal or local health organizations |
| <input type="checkbox"/> Other: Please Identify: _____ |  |

7.      What problems do you foresee in the provision of patient Education?  
 \_\_\_\_\_  
 \_\_\_\_\_

7.      Please check any of the following that are true concerning patient education and the Health Education Program in your facility.

Answer YES or NO to the following. If it is not applicable, answer with a zero (0).

1. \_\_\_ Patient Education referrals **are made** to the Health Education Program. If the answer is YES, please answer the following three questions. If the answer is NO, move to question 2.

\_\_\_ But, very few health professionals make referrals to the Health Educator for patient education.

\_\_\_ If referrals are made to Health Education, the referrals are in writing and documented on the patient's chart/record.

\_\_\_ If referrals are made to Health Education, they are usually verbal.

2. \_\_\_ Patient Education referrals **are not made** to the Health Education Program.

\_\_\_ Health professionals do not make referrals to the Health Educator for patient education.

\_\_\_ It is not our policy to make referrals to Health Education for patient education.

**Sample Departmental Survey**  
**HEALTH EDUCATION DEPARTMENT**

- My Health Education Program does provide some patient education.
- My Health Education Program does not provide patient education.
- I would like to see Health Education provide more patient education.
- I prefer that the Health Education program continue to provide Community-based programs rather than concentrate on individual or group patient education.