Patient and Family Advisory Council (PFAC)

Please tell us about you or your families experience at WVU Medicine.

1. Have you or a close friend or family member been a recipient of ANY healthcare services in the last three years?

   _____Yes ____No

   If yes, where? (select all that apply)

   ☐ Hospital ☐ Outpatient location (doctor's office, diagnostic testing, etc)

   ☐ Other (list) _____

2. Have you ever been the caregiver for a patient who was hospitalized in the last three years at WVU Medicine?

   _____Yes ____No

3. How would you describe your experience?

4. What did the hospital do well during your stay or your loved one's stay?

   _____

   _____

   _____

   _____

5. What could the hospital have done better during your stay or your loved one's stay?

   _____

   _____

   _____

   _____

6. What would you like the hospital to learn from your stay or your loved one's stay?

   _____

   _____

   _____

   _____

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If you have more to say, please feel free to use additional pages.

Please tell us more about you.

1. Please tell us your name and the best ways to reach you?

   Name: _____

   Address: _____

   _____

   Email: _____

   Phone: _____

   Best time of day to contact you: _____

2. Do you volunteer in your community? If so, for which organizations? (example:churches, schools or volunteer groups)

   _____

   _____

   _____

   _____

3. Do you feel comfortable working in groups, speaking up and providing input?

   _____

   _____

4. Is English the language you primarily use when communicating?

   _____Yes ____No

   If your answer is no, what is your primary language? _____

5. Are you able to attend monthly meetings at 7:30 a.m.? _____Yes ____No

6. Are you willing to sign an agreement promising not to disclose confidential informationgiven to you in your role as a member of the Patient and Family Advisory Council?

   _____Yes ____No

This application can be mailed to:
Patient Advocate, WVU Medicine, 1 Hospital Way, Butler, PA 16001
or return a completed copy to Rebecca.clouse@independence.health

Thank You!

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