

HOSPITAL AUXILIARY SELF-ASSESSMENT QUESTIONNAIRE

The following questionnaire is intended as a suggested guideline and does not imply that there is only one way of doing things. When evaluating responses to these questions, auxiliary/leaders should ask if their current operating practices are effective and achieving their objective. If not, perhaps the organization's structure and management need to be evaluated.

Name of Auxiliary: _____

Name of Hospital: _____

Name of Hospital System:
(If applicable) _____

Legal Status of Auxiliary:

Integral to hospital _____ Incorporated _____ Unincorporated _____

Is your auxiliary authorized to exist in your institution's bylaws? Yes _____ No _____

List Mission Statement of:

Hospital:

Hospital system (if applicable):

Auxiliary:
