



Symbols have long served an important role in communication, especially in settings involving people with different primary languages. Given the emergence of the Global Village, the significance of the role symbols can play in communication is increasing.

JRC Design is conducting a survey to determine the most common place/service/specialty referents and the most frequently used terms to identify those referents. Once we have gathered this data we will begin to design and test symbols for these referents to be used with words on signs in an effort to improve communication and navigation for visitors and patients with different primary languages.

The project will be conducted in several intertwined steps. The first step is to identify signage terms commonly used by the public. This survey, developed from an inventory of signage found in Hablamos Juntos health facilities, lists key terms currently used by health facilities. Participants are asked to prioritize these terms in order of importance. Survey results will be used to identify the top 20-30 terminology candidates for which symbols may be developed.

A few simple rules.

This survey should be completed by persons working in health facilities in the Hablamos Juntos demonstration sites and other project participants recruited by the National Program Office. Ideal candidates are those who frequently interact with visitors and patients to provide direction, or those who understand visitor/patient traffic patterns in their facilities.

Potential candidates for this survey are Medical Officers or physicians, Information Booth staff or volunteers, Customer Service or Patient Representatives, Discharge planning or Social Work staff, Admitting Staff Managers, Director/Chief/Head Nurses.

Allow ten people from each facility to complete the survey.

Return completed surveys by Friday, July 2nd either via fax to 480-946-3028 or email [jimb@jrcdesign.com](mailto:jimb@jrcdesign.com). If faxed after July 2nd, please fax to 602-224-5102.

Thank you for your participation.

A handwritten signature in black ink that reads 'Jamie Cowgill'.

Jamie Cowgill

A handwritten signature in black ink that reads 'Jim Bolek'.

Jim Bolek

JRC Design

CORPORATE  
COMMUNICATIONS  
ENVIRONMENTAL  
GRAPHICS

6320 East Thomas Road  
Suite 210  
Scottsdale, Arizona 85251

480.946.3028 phone  
480.946.8915 fax  
[art-is-all@jrcdesign.com](mailto:art-is-all@jrcdesign.com)



A project funded by The Robert Wood Johnson Foundation

# Health Care Facility Signage Survey

Please return surveys by Friday, July 2, 2004 via fax (480-946-3028) (602-224-5102 after July 2) or by email (jimb@jrcdesign.com)

Facility Name	Position (Check one)
City and State	Chief Medical Officer/Representative____
Contact Name	Information Booth Staff/Volunteer____
Phone	Customer Service/Patient Representative____
Fax	Discharge planning/Social Work Manager____
	Admitting Staff/Manager____
	Director/Chief/Head Nurse____
	Other_____ Please describe

Participants in this survey will help to select up to thirty terms that may be considered candidates for which symbols can be created. The system of symbols for health will assist the general public, particularly persons with limited English abilities to navigate a health facility from the parking lot to the department of their visit.

Through this survey we are looking for an understanding of the public use of your facilities. The following two page survey should be filled out by persons who help guide visitors or those with a global view of patient flow throughout the facility. This includes clinical and administrative staff.

PLEASE FIRST: Read all 58 place/service/specialty referents.

SECOND: Select up to 30 of the most common place/service/specialty referents in your facility. Indicate the term used in your facility to describe these place/service/specialty referents by marking the appropriate box, or filling the space marked "Other."

NOTE: Use spaces 59-65 for terms that may not have been addressed through the rest of the survey.

Thank you for your participation.

Jamie Cowgill  
Jim Bolek

JRC Design

# Health Care Facility Signage Survey

Please return surveys by Friday, July 2, 2004 via fax (480-946-3028) (602-224-5102 after July 2) or by email (jimb@jrcdesign.com)

- |  |  |   |
|--|--|---|
| <p>1 <input type="checkbox"/> Admissions<br/><input type="checkbox"/> Admitting<br/><input type="checkbox"/> Reception<br/><input type="checkbox"/> Registration<br/><input type="checkbox"/> Patient Check-in<br/><input type="checkbox"/> (Other) _____</p> <p>2 <input type="checkbox"/> Alcohol &amp; Drug Abuse<br/><input type="checkbox"/> Chemical Dependency<br/><input type="checkbox"/> (Other) _____</p> <p>3 <input type="checkbox"/> Ambulance Services<br/><input type="checkbox"/> Ambulance Entrance<br/><input type="checkbox"/> (Other) _____</p> <p>4 <input type="checkbox"/> Anesthesia<br/><input type="checkbox"/> Pain Management<br/><input type="checkbox"/> (Other) _____</p> <p>5 <input type="checkbox"/> Audiology<br/><input type="checkbox"/> Speech &amp; Hearing<br/><input type="checkbox"/> (Other) _____</p> <p>6 <input type="checkbox"/> Berevement<br/><input type="checkbox"/> Chapel / Sacristy<br/><input type="checkbox"/> (Other) _____</p> <p>7 <input type="checkbox"/> Blood Bank<br/><input type="checkbox"/> Blood Donation<br/><input type="checkbox"/> (Other) _____</p> <p>8 <input type="checkbox"/> Burn Center<br/><input type="checkbox"/> (Other) _____</p> <p>9 <input type="checkbox"/> Cancer Center<br/><input type="checkbox"/> Blood Disorders &amp; Diseases<br/><input type="checkbox"/> Hematology<br/><input type="checkbox"/> Oncology<br/><input type="checkbox"/> Telemetry<br/><input type="checkbox"/> (Other) _____</p> <p>10 <input type="checkbox"/> Cardiology<br/><input type="checkbox"/> Cardio-Pulmonary Services<br/><input type="checkbox"/> Echo<br/><input type="checkbox"/> EKG<br/><input type="checkbox"/> Heart Disease &amp; Disorders<br/><input type="checkbox"/> (Other) _____</p> | <p>11 <input type="checkbox"/> Children's Center<br/><input type="checkbox"/> Children's Clinic<br/><input type="checkbox"/> Nursery<br/><input type="checkbox"/> Newborn Nursery<br/><input type="checkbox"/> Pediatric Unit<br/><input type="checkbox"/> (Other) _____</p> <p>12 <input type="checkbox"/> Complementary Medicine<br/><input type="checkbox"/> Alternative Medicine<br/><input type="checkbox"/> (Other) _____</p> <p>13 <input type="checkbox"/> Counseling &amp; Psychotherapy<br/><input type="checkbox"/> Behavioral Health<br/><input type="checkbox"/> Counseling Services<br/><input type="checkbox"/> Community Counseling<br/><input type="checkbox"/> Mental Health Services<br/><input type="checkbox"/> Psychiatry<br/><input type="checkbox"/> Psychiatric Services<br/><input type="checkbox"/> Psychology<br/><input type="checkbox"/> Psychotherapy<br/><input type="checkbox"/> (Other) _____</p> <p>14 <input type="checkbox"/> Critical Care/Intensive Care<br/><input type="checkbox"/> Critical Care<br/><input type="checkbox"/> Critical Care Unit<br/><input type="checkbox"/> ICU<br/><input type="checkbox"/> Intensive Care<br/><input type="checkbox"/> (Other) _____</p> <p>15 <input type="checkbox"/> Dentistry<br/><input type="checkbox"/> Dental Care<br/><input type="checkbox"/> Oral Health<br/><input type="checkbox"/> Pediatric Dental Center<br/><input type="checkbox"/> (Other) _____</p> <p>16 <input type="checkbox"/> Dermatology<br/><input type="checkbox"/> Skin Disorders<br/><input type="checkbox"/> (Other) _____</p> <p>17 <input type="checkbox"/> Diabetes Center<br/><input type="checkbox"/> Diabetes Education<br/><input type="checkbox"/> Endocrinology<br/><input type="checkbox"/> (Other) _____</p> <p>18 <input type="checkbox"/> Diet<br/><input type="checkbox"/> Dietitian (Dietician)<br/><input type="checkbox"/> Nutrition<br/><input type="checkbox"/> Nutrition and Dietetics<br/><input type="checkbox"/> WIC (Women, Infants, Children)<br/><input type="checkbox"/> (Other) _____</p> | <p>19 <input type="checkbox"/> Ear, Nose, &amp; Throat<br/><input type="checkbox"/> ENT<br/><input type="checkbox"/> Otolaryngology<br/><input type="checkbox"/> (Other) _____</p> <p>20 <input type="checkbox"/> Emergency<br/><input type="checkbox"/> First Aid<br/><input type="checkbox"/> Triage<br/><input type="checkbox"/> (Other) _____</p> <p>21 <input type="checkbox"/> Family Planning<br/><input type="checkbox"/> Birthing Center<br/><input type="checkbox"/> OB Clinic<br/><input type="checkbox"/> Lactation Specialist<br/><input type="checkbox"/> Maternity<br/><input type="checkbox"/> Prenatal<br/><input type="checkbox"/> (Other) _____</p> <p>22 <input type="checkbox"/> Gastroenterology<br/><input type="checkbox"/> Digestive Disorders<br/><input type="checkbox"/> Endoscopy Center<br/><input type="checkbox"/> Proctology<br/><input type="checkbox"/> (Other) _____</p> <p>23 <input type="checkbox"/> General Practice<br/><input type="checkbox"/> Family Practice Clinic<br/><input type="checkbox"/> Primary Care<br/><input type="checkbox"/> (Other) _____</p> <p>24 <input type="checkbox"/> Geriatric Medicine<br/><input type="checkbox"/> (Other) _____</p> <p>25 <input type="checkbox"/> Gynecological Services<br/><input type="checkbox"/> Gynecology<br/><input type="checkbox"/> Obstetrics &amp; Gynecology<br/><input type="checkbox"/> OBGYN<br/><input type="checkbox"/> Women's &amp; Children Unit<br/><input type="checkbox"/> Women's Health (Center)<br/><input type="checkbox"/> (Other) _____</p> <p>26 <input type="checkbox"/> Imaging<br/><input type="checkbox"/> CAT Scanning<br/><input type="checkbox"/> Diagnostic Imaging<br/><input type="checkbox"/> Mammography<br/><input type="checkbox"/> MRI<br/><input type="checkbox"/> PET Scanning<br/><input type="checkbox"/> Radiology<br/><input type="checkbox"/> Ultrasound<br/><input type="checkbox"/> X Ray<br/><input type="checkbox"/> (Other) _____</p> |
|--|--|---|

# Health Care Facility Signage Survey

Please return surveys by Friday, July 2, 2004 via fax (480-946-3028) (602-224-5102 after July 2) or by email (jim@jrcdesign.com)

- |  |   |  |
|--|---|--|
| 27 <input type="checkbox"/> Immunology<br><input type="checkbox"/> Immunizations<br><input type="checkbox"/> Innoculation<br><input type="checkbox"/> (Other) _____                        | 39 <input type="checkbox"/> Outpatient Services<br><input type="checkbox"/> Outpatient Surgery<br><input type="checkbox"/> (Other) _____  | 50 <input type="checkbox"/> Rheumatology<br><input type="checkbox"/> (Other) _____   |
| 28 <input type="checkbox"/> Infectious Diseases<br><input type="checkbox"/> (Other) _____  | 40 <input type="checkbox"/> Palliative Medicine<br><input type="checkbox"/> Comfort Care<br><input type="checkbox"/> (Other) _____  | 51 <input type="checkbox"/> Social Services<br><input type="checkbox"/> Interpreter Coordinator<br><input type="checkbox"/> Care Management<br><input type="checkbox"/> (Other) _____  |
| 29 <input type="checkbox"/> Internal Medicine<br><input type="checkbox"/> (Other) _____  | 41 <input type="checkbox"/> Patient Resources<br><input type="checkbox"/> Billing Department<br><input type="checkbox"/> Financial Counseling<br><input type="checkbox"/> Patient Service Center<br><input type="checkbox"/> Patient Support Groups<br><input type="checkbox"/> (Other) _____ | 52 <input type="checkbox"/> Speech & Language Therapy<br><input type="checkbox"/> Speech Therapy<br><input type="checkbox"/> Speech Pathology<br><input type="checkbox"/> (Other) _____  |
| 30 <input type="checkbox"/> Laboratory<br><input type="checkbox"/> Lab<br><input type="checkbox"/> (Other) _____   | 42 <input type="checkbox"/> Pediatrics<br><input type="checkbox"/> Children's Health<br><input type="checkbox"/> Genetics<br><input type="checkbox"/> Play Therapy<br><input type="checkbox"/> (Other) _____  | 53 <input type="checkbox"/> Sports Medicine<br><input type="checkbox"/> (Other) _____  |
| 31 <input type="checkbox"/> Medicolegal<br><input type="checkbox"/> Medical Records<br><input type="checkbox"/> (Other) _____  | 43 <input type="checkbox"/> Pharmacy<br><input type="checkbox"/> (Other) _____  | 54 <input type="checkbox"/> Surgery<br><input type="checkbox"/> (Other) _____  |
| 32 <input type="checkbox"/> Nephrology<br><input type="checkbox"/> Dialysis<br><input type="checkbox"/> Renal Disorders<br><input type="checkbox"/> (Other) _____                          | 44 <input type="checkbox"/> Physiatry<br><input type="checkbox"/> Rehabilitation Medicine<br><input type="checkbox"/> (Other) _____   | 55 <input type="checkbox"/> Travel Health<br><input type="checkbox"/> Tropical Medicine<br><input type="checkbox"/> (Other) _____  |
| 33 <input type="checkbox"/> Neurology<br><input type="checkbox"/> EEG<br><input type="checkbox"/> (Other) _____  | 45 <input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Physical Medicine<br><input type="checkbox"/> Physiotherapy<br><input type="checkbox"/> Rehabilitative Therapy<br><input type="checkbox"/> (Other) _____   | 56 <input type="checkbox"/> Urology<br><input type="checkbox"/> Genitourinary Medicine<br><input type="checkbox"/> Prostate Health<br><input type="checkbox"/> (Other) _____   |
| 34 <input type="checkbox"/> Nurses<br><input type="checkbox"/> Nursing Station<br><input type="checkbox"/> Nurse's Desk<br><input type="checkbox"/> (Other) _____                          | 46 <input type="checkbox"/> Plastic Surgery<br><input type="checkbox"/> Reconstructive Surgery<br><input type="checkbox"/> Rhinoplasty<br><input type="checkbox"/> (Other) _____  | 57 <input type="checkbox"/> Waiting Room<br><input type="checkbox"/> Family Waiting Area<br><input type="checkbox"/> Family Waiting Room<br><input type="checkbox"/> Visitors<br><input type="checkbox"/> Waiting Area<br><input type="checkbox"/> (Other) _____ |
| 35 <input type="checkbox"/> Occupational Health & Therapy<br><input type="checkbox"/> Occupational Medicine<br><input type="checkbox"/> (Other) _____                                      | 47 <input type="checkbox"/> Poisons Control<br><input type="checkbox"/> Poison Center<br><input type="checkbox"/> Poison Control Center<br><input type="checkbox"/> (Other) _____   | 58 <input type="checkbox"/> Walk-in Clinic<br><input type="checkbox"/> (Other) _____   |
| 36 <input type="checkbox"/> Ophthalmology<br><input type="checkbox"/> Eye Care<br><input type="checkbox"/> Eye Clinic<br><input type="checkbox"/> (Other) _____                            | 48 <input type="checkbox"/> Public Health Department<br><input type="checkbox"/> (Other) _____  | 59 <input type="checkbox"/> (Other) _____  |
| 37 <input type="checkbox"/> Optometry<br><input type="checkbox"/> Optical<br><input type="checkbox"/> (Other) _____  | 49 <input type="checkbox"/> Pulmonary Department<br><input type="checkbox"/> Allergies & Asthma<br><input type="checkbox"/> Respiratory Therapy<br><input type="checkbox"/> Respiratory Department<br><input type="checkbox"/> Respiratory Disease<br><input type="checkbox"/> (Other) _____  | 60 <input type="checkbox"/> (Other) _____  |
| 38 <input type="checkbox"/> Orthopedics<br><input type="checkbox"/> Bone Disorders & Diseases<br><input type="checkbox"/> Joint Replacement Unit<br><input type="checkbox"/> (Other) _____ |   | 61 <input type="checkbox"/> (Other) _____  |
|  |   | 62 <input type="checkbox"/> (Other) _____  |
|  |   | 63 <input type="checkbox"/> (Other) _____  |
|  |   | 64 <input type="checkbox"/> (Other) _____  |
|  |   | 65 <input type="checkbox"/> (Other) _____  |