

Omaha System Conference Survey

Please complete this survey! Your response will provide current information about the use of the Omaha System and suggestions for revision. Copy and share this form with other Omaha System users you know, and/or share their names with us. Individual data will remain confidential; summary data will be shared in publications and presentations. You may use the back or additional pages to elaborate on your answers.

Your Name _____ Title _____

Organization _____ Phone (_____) _____

Address _____ Email _____

1. How did you learn about the Omaha System? _____

2. Do you currently use the Omaha System? Yes No

a. If yes, when did you start? _____ Check which parts* you use: PCS IS PRSO

Check how you use it: Document services Orient/teach Reimbursement Quality improvement
 Case management Reports Research Develop software Other _____

b. If no, do you plan to use it? Yes No When? _____ Which parts?* PCS IS PRSO

3. If you are employed by an organization that provides services:

a. Services offered: Home Health Public Health Clinics/Centers Acute Schools
 Long-term care Case management Other _____

b. Approx. # of practitioner users:[†] RNs ____ PTs ____ OTs ____ SW/Cs ____ MDs ____ DDSs ____
SLPs ____ N/RDs ____ RTs ____ RPhs ____ FSW/P/A/OWs ____ Other _____

c. Is your organization's client record: Automated Handwritten
 Other (describe) _____

4. If you are employed by an education program:

a. Programs using: RNs ____ PTs ____ OTs ____ SW/Cs ____ MDs ____ DDSs ____ SLPs ____
N/RDs ____ RTs ____ RPhs ____ FSW/P/A/OWs ____ Other _____

b. Degrees offered: AD Dip BS/BA MS/MSN PhD/DNS Continuing ed.

c. Approximate annual no. of student users (count students using during classes and at clinical sites):

AD ____ Dip ____ BS/BA ____ MS/MSN ____ PhD/DNS ____ Con't. ed. ____ Other ____

d. Approximate annual no. of faculty users (count faculty using during classes and at clinical sites): _____

5. From your experiences as a user, can you offer suggestions and/or revisions? Describe your experience and publications: _____

6. Other comments: _____

* PCS, Problem Classification Scheme; IS, Intervention Scheme; PRSO, Problem Rating Scale for Outcomes

[†] RN, registered nurse; PT, physical therapist; OT, occupational therapist; SW/C, social worker/counselor; MD, physician; DDS, dentist; SLP, speech and language therapist; N/RD, nutritionist/registered dietitian; RT, recreational therapist; RPh, pharmacist; FSW/P/A/OW, family support worker/paraprofessional/aide/outreach worker.

Thanks for your time! Please return this survey to:
Karen S. Martin, 2115 South 130th Street, Omaha, NE 68144