

HOSPITAL SATISFACTION SURVEY

If you would like to share your comments regarding your stay with us, please complete the following survey. Your comments will remain completely confidential unless you instruct otherwise. As well, your identity will not be given to any clinical staff unless authorized by you. Your comments will assist us in continuing to improve our quality of care.

Please rate (circle) the following services you received at this hospital:

1 – Poor 2 – Fair 3 – Good 4 – Very Good 5 – Excellent

HOSPITAL PROCEDURES AND CONDITIONS

- | | | | | | |
|---|---|---|---|---|---|
| 1. Ease of getting admitted, including the amount of time it took. | 1 | 2 | 3 | 4 | 5 |
| 2. At the time of discharge, how clearly and completely you were told what to do and what to expect when you left the hospital. | 1 | 2 | 3 | 4 | 5 |
| 3. Explanation about costs and how to handle your hospital bills: the completeness and accuracy of information and the willingness of hospital to answer your questions about finances. | 1 | 2 | 3 | 4 | 5 |
| 4. Cleanliness, comfort, lighting and temperature of hospital room. | 1 | 2 | 3 | 4 | 5 |
| 5. Food quality and service. | 1 | 2 | 3 | 4 | 5 |

YOUR NURSE(S)

Optional: I saw Nurse(s) _____

- | | | | | | |
|--|---|---|---|---|---|
| 6. Willingness of nurse(s) to answer your questions. | 1 | 2 | 3 | 4 | 5 |
| 7. How well things were done, like giving medicine and handling IVs. | 1 | 2 | 3 | 4 | 5 |
| 8. The frequency with which nurse(s) checked on you to keep track how you are doing. | 1 | 2 | 3 | 4 | 5 |
| 9. Courtesy and respect you were given: friendliness and kindness. | 1 | 2 | 3 | 4 | 5 |
| 10. How well nurses and other staff explained test, treatments and what to expect. | 1 | 2 | 3 | 4 | 5 |

YOUR DOCTOR(S)

Optional: I saw Doctor(s) _____

- 11. Willingness of your doctor(s) to answer your questions. 1 2 3 4 5
- 12. The frequency with which doctor(s) checked on you to keep track of how you were doing. 1 2 3 4 5
- 13. Courtesy and respect you were given: friendliness and kindness. 1 2 3 4 5
- 14. Ability to diagnose problems, thoroughness of examinations, and skill in treating your condition. 1 2 3 4 5
- 15. Amount of information you were given about your illness and treatment; what to do after leaving hospital. 1 2 3 4 5

LOOKING BACK ON YOUR CARE

- 16. The teamwork of all the hospital staff who took care of you. 1 2 3 4 5
- 17. Sensitivity of hospital staff to your special problems and concerns. 1 2 3 4 5
- 18. Overall quality of care and services you received from the hospital. 1 2 3 4 5

YOUR COMMENTS

OPTIONAL

If you would like management to contact you, please fill information below.

Name: _____

Address: _____

Telephone: _____

You can return your comments to the box by the front entrance door, or mail them in the pre-paid envelope provided.