

GENERAL HOSPITALPATIENT SATISFACTION SURVEY

Date: / /
MM DD YY

Ward:

OUR GOAL IS TO GIVE YOU THE BEST POSSIBLE CARE. PLEASE HELP US TO DETERMINE THE QUALITY OF THE CARE THAT YOU RECEIVED BY GIVING US YOUR COMMENTS.

	Excellent	Good	Fair	Poor
(1) YOUR ADMISSION TO EMERGENCY ROOM				
(a) How courteous was the admitting room staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No wait	Under 1 hour	1-2 hours	Over 2 hours
(b) How long did you wait to see the doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) How well did the Financial Service Worker explain the insurance and financial arrangements to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) YOUR ROOM				
(a) How comfortable was your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) How clean was your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) How clean was your bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) How quiet was the room/ward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) YOUR FOOD				
(a) How did the food taste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) How hot was the hot food served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) How cold was the cold food served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) THE STAFF-How well were you satisfied with the services from:				
(a) Your doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Your nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Your social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) X-ray staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Physical/Occupational therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Translators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) WHAT OVERALL RATING WOULD YOU GIVE THIS HOSPITAL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) DO YOU HAVE ANY ADDITIONAL COMMENTS?	<hr/> <hr/> <hr/> <hr/>			

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