

1) Reason for choosing Medical Center?

Personal Choice E.R. Admission Your Doctor Insurance Family/Friend

Comments _____

Mark your selections with a circle.

<u>ADMISSION</u>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>EXCELLENT</u>	<u>DOESN'T APPLY</u>
1) Courtesy of Admitting Staff	1	2	3	4	5
2) Efficiency of Admitting Staff	1	2	3	4	5

Comments _____

<u>ENVIRONMENT</u>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>EXCELLENT</u>	<u>DOESN'T APPLY</u>
1) Cleanliness	1	2	3	4	5
2) Courtesy of Housekeeping Staff	1	2	3	4	5
3) Room Temperature	1	2	3	4	5
4) Noise Level in and around room	1	2	3	4	5
5) How Room Equipment Worked (Bed, Lights, Call Bell, T.V. Phone)	1	2	3	4	5

Comments _____

<u>FOOD SERVICE</u>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>EXCELLENT</u>	<u>DOESN'T APPLY</u>
1) Food Flavor	1	2	3	4	5
2) Food Variety	1	2	3	4	5
3) Food Appearance	1	2	3	4	5
4) Food Temperature	1	2	3	4	5

Comments _____

<u>NURSING CARE</u>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>EXCELLENT</u>	<u>DOESN'T APPLY</u>
1) Friendliness of Nursing Staff	1	2	3	4	5
2) Prompt Attention to Needs	1	2	3	4	5
3) Patient/Family Kept Informed	1	2	3	4	5
4) Impression of overall Nursing Care	1	2	3	4	5

Comments _____

<u>SURGICAL SERVICES</u>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>EXCELLENT</u>	<u>DOESN'T APPLY</u>
Complete the following if you had surgery:					
1) How well your surgery/other procedure was explained by:					
Surgeon	1	2	3	4	5
Anesthesiologist	1	2	3	4	5
Nurse	1	2	3	4	5
2) Impression of overall surgical experience	1	2	3	4	5

Comments _____

	POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
OTHER SERVICES					
1) How were you treated by the following departments:					
Pharmacy	1	2	3	4	5
Respiratory	1	2	3	4	5
Laboratory	1	2	3	4	5
Physical Therapy	1	2	3	4	5
X-Ray	1	2	3	4	5
Social Service	1	2	3	4	5
ERG	1	2	3	4	5
2) How well tests/treatments were performed by:					
Respiratory	1	2	3	4	5
Laboratory	1	2	3	4	5
Physical Therapy	1	2	3	4	5
X-Ray	1	2	3	4	5
ERG	1	2	3	4	5
Comments					

YOUR DOCTOR(S)	POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
1) How well did the Doctor(s) explain your condition?	1	2	3	4	5
2) How well did the Doctor(s) explain your tests/treatments?	1	2	3	4	5
3) Overall Impression					
Family Doctor	1	2	3	4	5
Surgeon	1	2	3	4	5
Emergency Room Doctor	1	2	3	4	5
Consulting Doctor	1	2	3	4	5
Anesthesiologist	1	2	3	4	5
Comments					

EDUCATION	POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
1) How well were your medications explained?	1	2	3	4	5
2) How well were tests and treatments explained?	1	2	3	4	5
3) How clear were the instructions given about caring for yourself at home?	1	2	3	4	5
Comments					

DISCHARGE	POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
1) How well was your discharge plan worked out with you and/or Family?	1	2	3	4	5
2) Explanation of insurance coverage and financial responsibility	1	2	3	4	5
3) How well were the necessary services/equipment arranged for you at home?	1	2	3	4	5
Comments					

OVERALL	POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
1) Respect of Privacy	1	2	3	4	5
2) Impression of Hospital	1	2	3	4	5
3) Services could be improved by:					

OPTIONAL INFORMATION

NAME _____ PHONE () _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____