

**YOUR HOSPITAL
OUTPATIENT QUESTIONNAIRE**

Dear Patient,

We need your assistance in evaluating the quality of care you received while utilizing our outpatient services. Your comments and experience are important to us and will enable us to improve our services.

Please take a few minutes to comment on your recent visit.

Your response is appreciated, and comments will be kept confidential.

Thank you

1. Reason for choosing **Your Hospital**:

Personal Choice

Your Doctor

Insurance

Family/Friend

Please circle your selections.

REGISTRATION

		POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
1.	Courtesy	1	2	3	4	5
2.	Efficiency	1	2	3	4	5
3.	Explanation of Insurance	1	2	3	4	5

Comments _____

SERVICES

		POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
1.	How well you were treated by the following department staff:					
	Laboratory	1	2	3	4	5
	Physical Therapy	1	2	3	4	5
	Respiratory Therapy	1	2	3	4	5
	EKG (Holter Monitor, Stress Test)	1	2	3	4	5
	Radiology	1	2	3	4	5
	Nuclear Medicine	1	2	3	4	5
	Nutrition Service	1	2	3	4	5
	Social Service	1	2	3	4	5
	Pharmacy	1	2	3	4	5
	Clinics	1	2	3	4	5

Comments _____

	POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
2. How well your tests and treatments were performed by:					
Laboratory	1	2	3	4	5
Physical Therapy	1	2	3	4	5
Respiratory Therapy	1	2	3	4	5
EKG	1	2	3	4	5
Radiology	1	2	3	4	5
Nuclear Medicine	1	2	3	4	5
Clinics	1	2	3	4	5

Comments _____

EDUCATION

	POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
1. How well your tests and treatments were explained	1	2	3	4	5
2. How well you were instructed/counseled regarding:					
Nutrition	1	2	3	4	5
Medications	1	2	3	4	5
Social Service	1	2	3	4	5
Physical Therapy Exercises	1	2	3	4	5
Caring for yourself after your test or treatment	1	2	3	4	5

Comments _____

ADEQUACY OF FACILITIES

	POOR	FAIR	GOOD	EXCELLENT	DOESN'T APPLY
1. Waiting Room	1	2	3	4	5
Treatment Area	1	2	3	4	5
Bathroom	1	2	3	4	5
Cleanliness	1	2	3	4	5
Privacy	1	2	3	4	5
Hours of Operation	1	2	3	4	5
Parking	1	2	3	4	5

Comments _____

Services Can be Improved by:

OPTIONAL INFORMATION

Name _____ Phone () _____

Address _____

City _____ State _____ Zip Code _____