

In-Patient Experience and Satisfaction Response Card

Unit Currently Admitted to: <small>Please circle</small>	5D2	5D3	5D4	5E2	5E4	Date:	dd/mm/year		
Please rate each of the questions below by checking (✓) a box to the right						Always	Usually	Hardly	Never
Communication with Nurses	During your stay on this unit, how often did nurses listen to you?								
	During your stay on this unit, did you understand what nurses explained to you?								
Responsiveness of Nurses	During your stay on the unit, how often did nurses follow up on your concerns and observations?								
Communications with Physicians	During your stay on this unit, how often did physicians listen to you?								
	During your stay on this unit, did you understand what physicians explained to you?								
Responsiveness of Physicians	During your stay on the unit, how often did physicians follow up on your concerns and observations?								
Physical Environment	During your stay on the unit, was your room and bathroom kept clean ?								
	During your stay on the unit, was the area in and around your room quiet at night?								

Please turn over →



About Your Medication and Pain Control	During your stay on this unit did your health care providers do everything they could to help with your pain?				
	Before giving you a new medication, did hospital staff tell you about it in a way that made sense to you?				
Care Coordination	During your stay on this unit, did all of your health care providers seem to have the same plan for your care?				
People Centered Care	During your stay on this unit, were you a participant in your treatment decisions?				
Please answer the question below by checking (√) a box to the right		YES		NO	
Leaving the Unit	As you leave the unit, do you understand what the next steps in your recovery are?				

Please provide your overall level of satisfaction with your experience on the scale below: (circle or mark with an 'X')

0 Horrible	1	2	3	4	5	6	7	8	9	10 Fantastic
---------------	---	---	---	---	---	---	---	---	---	-----------------

Please provide us with any additional thoughts you have. We appreciate your time and perspective.

*Optional : If you would like to participate in future quality improvement efforts or be contacted about your feedback, please provide your name: _____ phone number: _____

