

# Patient Satisfaction Questionnaire

We would love to hear what you think about us! Please take a few minutes to complete this form and tell us what we did well and what we need to do better. It will help us to continually improve our service to everyone we care for in the community.

## Personal Information

Providing the following information is optional.

|            |                |         |      |
|------------|----------------|---------|------|
| First Name | Last Name      | Gender  | Age  |
| Address    | City/ State    | Country | Date |
| Email      | Married/Single |         |      |

How strongly do you AGREE or DISAGREE with each of the following statements?

(Circle One Number on Each Line)

| Strongly Disagree<br>(1)  | Somewhat Disagree<br>(2) | Neutral<br>(3)        | Somewhat Agree<br>(4) | Strongly Agree<br>(5) |                       |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| (1)   | (2)                      | (3)                   | (4)                   | (5)                   |                       |
| The IPD Expert treated me with dignity and respect.   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The wait time between my admission until I was taken or sent to my room or ward was acceptable.   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The condition of my room/ ward (e.g. cleanliness of rooms and toilets/bathrooms, quietness/restfulness, quality temperature, comfort, provisions ...) was acceptable. | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The areas of the hospital I was in were clean.  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   | (١) | (٢) | (٣) | (٤) | (٥) |
|---|-----|-----|-----|-----|-----|
| The quality of food (e.g. presentation, taste, temperature, serving and variety ...) was acceptable.  | 0   | 0   | 0   | 0   | 0   |
| During this hospital stay, I got information and education in writing about what symptoms or health problems to look out for after I left the hospital. | 0   | 0   | 0   | 0   | 0   |
| I was given enough privacy when treated or advised.   | 0   | 0   | 0   | 0   | 0   |
| I was involved and informed in decisions about my care.   | 0   | 0   | 0   | 0   | 0   |
| The hospital staff responded to my health care problems.  | 0   | 0   | 0   | 0   | 0   |
| The educational information I received was helpful.   | 0   | 0   | 0   | 0   | 0   |
| The health care person explained the treatment / health advice in a way that I could understand   | 0   | 0   | 0   | 0   | 0   |
| All staff's personal manner (courtesy, respect, sensitivity, friendliness) was acceptable.  | 0   | 0   | 0   | 0   | 0   |
| The way the hospital routine and procedures (like meal times, visiting hours, doctors' visits, etc.) was explained to me.                               | 0   | 0   | 0   | 0   | 0   |
| Overall I was pleased with the service I received from Bentol Hoda's Hospital.  | 0   | 0   | 0   | 0   | 0   |
| I was satisfied with the overall coordination of my visit, from the time I arrived until I was discharged.  | 0   | 0   | 0   | 0   | 0   |
| I would speak positively of Bentol Hoda's Hospital to my family and friends.  | 0   | 0   | 0   | 0   | 0   |

Did any specific staff member stand out?       Yes    No

If yes, who and why?

Please add any other comments or suggestions that you would like to make below:

We may share information you provide with our services as part of our ongoing commitment to improving the quality of the services we deliver.

Please tick here if you are NOT happy for us to use your feedback in this way.

Please tick here if you are NOT happy for your feedback to be used anonymously on service information leaflets and webpages

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.