

***How satisfied are you with us?***

**Dear patient:**

We strive to provide you with the best care. Therefore, your opinion is very important to us. You can help us with your answers and suggestions to identify any weaknesses and problems and remedy them. Even your criticism can help us to do this!

Please complete the questionnaire shortly before your discharge from hospital and place it in the basket at Station \_\_\_\_\_.

The analysis of the questionnaire will of course be conducted anonymously.

**Demographic questions**

**Mark one item with an X:**

Age

- |                    |                          |             |                          |                     |                          |
|--------------------|--------------------------|-------------|--------------------------|---------------------|--------------------------|
| Less than 20 years | <input type="checkbox"/> | 20–30 years | <input type="checkbox"/> | 30–40 years         | <input type="checkbox"/> |
| 40–50 years        | <input type="checkbox"/> | 50–60 years | <input type="checkbox"/> | 60–70 years         | <input type="checkbox"/> |
| 70–80 years        | <input type="checkbox"/> |             |                          | Older than 80 years | <input type="checkbox"/> |

**Have you previously been a patient here?**

- Yes  If Yes, when? \_\_\_\_\_  
No

**How do you think our facility has improved since then?**

- Improved  The same  Deteriorated

**Who recommended treatment here to you?**

- |                       |                          |                        |                          |
|-----------------------|--------------------------|------------------------|--------------------------|
| Family physician      | <input type="checkbox"/> | Specialist             | <input type="checkbox"/> |
| Relative/acquaintance | <input type="checkbox"/> | Your own personal wish | <input type="checkbox"/> |
| Other                 | <input type="checkbox"/> |                        |                          |

Grade the following, using your school grading system

***How would you judge the food you received?***

	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Adequate</b>	<b>Deficient</b>
Choices available					
Amount					
Taste					
Appearance					
Temperature					

***How would you judge the facility?***

	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Adequate</b>	<b>Deficient</b>
Room fixtures					
Room cleanliness					
Number and fixtures of the toilet facilities					
Cleanliness of the toilet facilities					
Cleanliness of the waiting rooms					
Cafeteria opening times					

***How would you judge our nursing personnel?***

	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Adequate</b>	<b>Deficient</b>
Friendliness					
Dedication					
Understanding					
Competence					

***How would you judge our organization?***

	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Adequate</b>	<b>Deficient</b>
Waiting time for admission					
Accessibility of the admissions desk					
Waiting time during admission					
Coordination of tests					
Performance of scheduled examinations					
Organization of discharge arrangements					

***How would you judge the physician care?***

	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Adequate</b>	<b>Deficient</b>
Friendliness					
Dedication					
Understanding					
Competence					

***How important are the following items to you?***

	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Adequate</b>	<b>Deficient</b>
Food quality					
Cleanliness					
Nursing care					
Physician care					
Physician dedication					
Coordinated delivery of treatment					
Inclusion of relatives					
Good organization of the discharge					

**Patient Information**

	Yes	No	Not applicable
Was a detailed understandable explanation given prior to a surgical intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you understand all questions that are important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you informed of treatment alternatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have sufficient time to consider things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the diagnosis explained with empathy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a detailed pre-discharge discussion conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an opportunity you ask all questions that are important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you given a copy of your discharge report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was follow-up treatment scheduled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you informed of the options for additional treatment and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you helped with any applications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you able to contact a self-help group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you adequately instructed and trained in how to manage a stoma (if present)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you given an introduction to physical therapy before discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you satisfied that your privacy was protected in our facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend us to your acquaintances and relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you return to us in future for treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you would not return to us in future for treatment, why not?**

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**What did you find particularly positive?**

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**What did you find particularly negative?**

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**In your opinion, what is lacking in our rooms, toilet facilities, and waiting rooms?**

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**We thank you for your assistance.**