

# Patient Satisfaction Questionnaire

Please rate the treatment your **family & other visitors** received, as well as the adequacy of visiting hours and facilities for family & visitors:

- Excellent
- Very Good
- Good
- Fair
- Poor

Comments:

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Please rate your experience being **discharged** from our hospital, considering such things as the time it took, information about what to do after leaving the hospital, coordination /planning of care after discharge:

**Date of Discharge:** \_\_\_\_\_  
Date, Month, Year

- Excellent
- Very Good
- Good
- Fair
- Poor

Comments:

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Will you recommend our hospital services to your friends/neighbours?

- Yes
- No

Comments:

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Other Comments to help us improve our service (attach a separate sheet if required):

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If you wish us to contact you for follow up on any issue you have raised in the questionnaire, please provide a contact name and number. We would appreciate the opportunity to discuss it with you. Improving service is our focus.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Thank you for taking the time to complete this questionnaire.***

For more copies, go online at <http://vch.eduhealth.ca> or email [pchem@vch.ca](mailto:pchem@vch.ca) and quote Catalogue No. **JB.301.P38**  
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***Please help us improve our service by completing the following questionnaire.***

Please indicate how long you stayed in hospital:

- Less than 24 hours
- 24 to 48 hours
- 48 to 72 hours
- Longer than 72 hours

Please rate your experience being **admitted to our hospital**, considering such things as the information you were given about what to expect, ease of being admitted, amount of time it took and attention to your needs:

- Excellent
- Very Good
- Good
- Fair
- Poor

Comments:

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Please rate the quality of **nursing care** you received as our patient, considering such things as skill, caring & concern shown, attention to your condition, information / orientation provided, responsiveness and teamwork among nurses:

- Excellent
- Very Good
- Good
- Fair
- Poor

Comments:

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Please rate the quality of care you received from **doctors or midwives**, considering such things as skill, caring & concern shown, attention to your condition, information provided, ease of seeing them for consultation and teamwork:

- Excellent
- Very Good
- Good
- Fair
- Poor

Comments:

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Please indicate your choice for **infant feeding**:

- Exclusive Breastfeeding
- Exclusive Formula feeding
- Not applicable
- Other – Specify: \_\_\_\_\_

Please rate the quality of **support you were given for your infant feeding choice**, considering such things as education and help given, consistency of information and staff support for your feeding choice:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Not Applicable

Comments:

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Please rate the quality of **housekeeping services** provided, considering such things as the cleanliness of your room and bathroom, and cleanliness of corridors and equipment:

- Excellent
- Very Good
- Good
- Fair
- Poor

Comments:

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Please rate the quality of **food** served to you, considering such things as taste, serving temperature and menu:

- Excellent
- Very Good
- Good
- Fair
- Poor

Comments:

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Please rate the **arrangements for your privacy**:

- Excellent
- Very Good
- Good
- Fair
- Poor

Comments:

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