

**Princess Margaret Hospital
Patient Relations Services
Client Satisfaction Survey**

To be completed by Patient Rep/Client feedback Officer

Date:

Ward:

Date of Admission:

1. Gender:

a. Male ___ Female ___

2. Age:

a. <18 ___ 18-34 ___ 35-54 ___ 55-64 ___ >65 ___

3. Do the nurses introduce themselves to you?

a. Yes ___ No ___

4. Is the nursing staff friendly?

Always ___ Sometimes ___ Never ___

5. How satisfied are you with the frequency of which the nurses check on you?

- a. Very satisfied
- b. Somewhat satisfied
- c. Dissatisfied
- d. Very Dissatisfied
- e. Undecided

6. Do the nurses explain your treatment/medication to you?

- a. Always
- b. Sometimes
- c. Never

7. Have the nurses explained what you need to do when you are discharged?

- a. Yes no

8. How would you rate the quality of care from the nursing staff overall?

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

9. Do the doctors introduce themselves to you? Yes___ No___

10. Are the doctors friendly?

- a. Always
- b. Sometimes
- c. Never

11. Do the doctors fully explain your diagnosis and treatment to you?

- a. Yes___ No___

12. Have the doctors explained what you need to do when you are discharged?

- a. Yes___ No___

13. Do the doctors fully answer all of your questions?

a. Yes ___ No ___

14. How would you rate the quality of care you receive from your doctor overall?

- a. Excellent
- b. Good
- c. Fair
- d. Poor

15. How satisfied are you with the cleanliness of the ward?

- a. Very satisfied
- b. Somewhat satisfied
- c. Dissatisfied
- d. Very dissatisfied

16. Are the meals tasty? Yes ___ no

17. Are the meals served on time? Yes ___ no

18. Are the meals served at the right temperature? Yes ___ no ___

19. Overall, how satisfied are you with the quality of care you are receiving?

- a. very satisfied
- b. Somewhat satisfied
- c. Dissatisfied
- d. Very Dissatisfied

20. What do you like MOST about your experience ? (Include staff members (s) whom you would like to compliment)

21. What do you like LEAST about your experience ?

22. Please tell us what we can do to improve our services.

OPTIONAL

Name:

Phone :

Email:

Staff Initial ____