



Apollo Behavioral Health Hospital, LLC

Patient Satisfaction Survey Form

Apollo Behavioral Health Hospital, LLC

Patient/Family Satisfaction Survey

Patient Name (opt) : _____

Date: _____

In order to improve the quality of our hospital and to help us meet the needs of our patients, we would like your feedback. Your opinion is valued and we appreciate you taking the time to give us feedback on our hospital.

| | | NA | Poor | Fair | Good | Very Good | Excellent |
|----------------------------------|--|----|------|------|------|-----------|-----------|
| Staff and Guest Relations | | | | | | | |
| 1 | Level of courtesy shown by staff to patient, family and visitors. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2 | Willingness of Psychiatrist to respond to the patient's needs. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3 | Willingness of Medical Doctor to respond to the patients needs. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4 | Willingness of Nursing staff to respond to the patients needs. | 0 | 1 | 2 | 3 | 4 | 5 |
| 5 | Willingness of the Social Worker to respond to the patient's needs. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6 | Willingness of Recreational Therapist to respond to the patient's needs. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7 | How well staff understood the patient's needs and problems. | 0 | 1 | 2 | 3 | 4 | 5 |
| Hospital Treatment | | | | | | | |
| 8 | Staff assistance in helping the patient assume responsibility for meeting their treatment goals. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9 | How well did the staff explain the reason(s) for the patient's admission? | 0 | 1 | 2 | 3 | 4 | 5 |
| ## | How well were the program rules and patient rights explained? | 0 | 1 | 2 | 3 | 4 | 5 |
| ## | Satisfaction that program rules and policies were enforced fairly. | 0 | 1 | 2 | 3 | 4 | 5 |
| ## | Satisfaction with the nurses explanation for medications and possible side effects. | 0 | 1 | 2 | 3 | 4 | 5 |
| Discharge Instructions | | | | | | | |
| ## | Staff discussion with patient and or family regarding discharge. plan | 0 | 1 | 2 | 3 | 4 | 5 |
| ## | Rate the quality of care and services the patient received. | 0 | 1 | 2 | 3 | 4 | 5 |



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|----|--|---|---|---|---|---|---|
| ## | Discharge instructions were explained in full to the patient and or family for further treatment, medications, follow-up appointments, and possible adverse reactions to medications and after inpatient treatment is no longer available. | 0 | 1 | 2 | 3 | 4 | 5 |
| ## | How much do you feel you stay at the APOLLO BHH helped you? | 0 | 1 | 2 | 3 | 4 | 5 |
| | Meals, Rooms, and Housekeeping | | | | | | |
| ## | Were you satisfied with the meals and snacks you received during your stay? | 0 | 1 | 2 | 3 | 4 | 5 |
| ## | Were you satisfied with the promptness that you received your meals and snacks?: | 0 | 1 | 2 | 3 | 4 | 5 |
| ## | Were you satisfied with the temperature in your room? | 0 | 1 | 2 | 3 | 4 | 5 |
| ## | Were you satisfied with the cleanliness of your hospital room during your stay. | 0 | 1 | 2 | 3 | 4 | 5 |
| | Overall Rating of Hospital Services | | | | | | |
| ## | How would you rate the overall services received during your stay? | 0 | 1 | 2 | 3 | 4 | 5 |