



## INPATIENT SURVEY

We appreciate your taking the time to complete this survey. Please place a check or X inside the appropriate square. If you had no experience with a particular item, leave it blank. When you have completed the survey, please mail it in the enclosed envelope. Thank you.

### REGISTRATION

VP = Very Poor    P = Poor    F = Fair    G = Good    VG = Very Good

- |  | VP                       | P                        | F                        | G                        | VG                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ease of the admission process .....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Courtesy of the person who admitted you. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments - describe good or bad experience (please write **inside** the rectangle below)

### ROOM

- |  | VP                       | P                        | F                        | G                        | VG                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Appearance of the room.....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Cleanliness of the room .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Courtesy of the person who cleaned your room .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Temperature of room .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Noise level in and around the room .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How things worked (TV, call button, lights, bed, etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments - describe good or bad experience (please write **inside** the rectangle below)

### MEALS

- |  | VP                       | P                        | F                        | G                        | VG                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Quality of the food .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Courtesy of the person who served you .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you were placed on a special diet/restricted diet, how well it was explained ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Temperature of the food (cold foods cold, hot foods hot).....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments - describe good or bad experience (please write **inside** the rectangle below)

### NURSES

- |   | VP                       | P                        | F                        | G                        | VG                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Courtesy of the nurses .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Nurses attention to your needs ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Skill of the nurses .....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please continue on the next page

