

YOAKUM COUNTY HOSPITAL SURVEY QUESTIONS

In an effort to improve patient care services, please answer the questions regarding the care you received. We are interested in your honest opinions, whether they are positive or negative. We also welcome your comments and suggestions. Read each question and circle the best that describes your experience.

1. During this hospital stay, how often were you treated with courtesy and respect?

Administration Personnel:

Admitting Office	Always	Usually	Sometimes	Never
Billing Office	Always	Usually	Sometimes	Never
Insurance Office	Always	Usually	Sometimes	Never

Medical Personnel:

Physician	Always	Usually	Sometimes	Never
Respiratory	Always	Usually	Sometimes	Never
Physical Therapy	Always	Usually	Sometimes	Never
Radiology	Always	Usually	Sometimes	Never
Nursing Staff	Always	Usually	Sometimes	Never
Surgery Nurse	Always	Usually	Sometimes	Never
Laboratory	Always	Usually	Sometimes	Never
Pt. Representative	Always	Usually	Sometimes	Never

2. During this hospital stay, how often did the staff listen carefully to you?

Administration Personnel:

Admitting	Always	Usually	Sometimes	Never
Billing	Always	Usually	Sometimes	Never
Insurance	Always	Usually	Sometimes	Never

Medical Personnel:

Physician	Always	Usually	Sometimes	Never
Nursing Staff	Always	Usually	Sometimes	Never
Surgery Nurse	Always	Usually	Sometimes	Never
Laboratory	Always	Usually	Sometimes	Never
Respiratory	Always	Usually	Sometimes	Never
Physical Therapy	Always	Usually	Sometimes	Never
Radiology	Always	Usually	Sometimes	Never
Pt. Representative	Always	Usually	Sometimes	Never

3. During this hospital stay, how often did the staff explain things in a way you could understand?

Administration Personnel:

Admitting	Always	Usually	Sometimes	Never
Billing	Always	Usually	Sometimes	Never
Insurance	Always	Usually	Sometimes	Never

Medical Personnel:

Physician	Always	Usually	Sometimes	Never
Nursing Staff	Always	Usually	Sometimes	Never
Surgery Nurse	Always	Usually	Sometimes	Never
Laboratory	Always	Usually	Sometimes	Never
Respiratory	Always	Usually	Sometimes	Never
Physical Therapy	Always	Usually	Sometimes	Never
Radiology	Always	Usually	Sometimes	Never
Pt. Representative	Always	Usually	Sometimes	Never

Housekeeping:

4. During this hospital stay, how often were your room and bathroom kept clean?
Always Usually Sometimes Never

Dietary:

5. During this hospital stay, were your meals prepared to your liking?
Always Usually Sometimes Never

YOUR EXPERIENCES IN THE HOSPITAL:

6. During this hospital stay, how often was the area around your room quiet?
Always Usually Sometimes Never
7. During this stay, after you pressed the call button, how often did you get help as soon as you wanted it?
Always Usually Sometimes Never
8. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
Yes No
9. How often did you get help in getting to the bathroom or in using a bedpan as soon you wanted?
Always Usually Sometimes Never
10. During your hospital stay, did you need medicine for pain?
Yes No (*If No, go to Question 13*)
11. During this hospital stay, how often was your pain well-controlled?
Always Usually Sometimes Never
12. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
Always Usually Sometimes Never
13. During this hospital stay, were you given any medicine that you had not taken before?
Yes No
14. Before giving you any medicine, how often did hospital staff tell you what the medicine was for?
Always Usually Sometimes Never
15. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way that you could understand?
Always Usually Sometimes Never

WHEN YOU LEAVE THE HOSPITAL:

- 16. When you leave the hospital, are you going directly home, to someone else’s home or to another health facility?
 - a. Own home b. Someone else’s home c. Another health facility
- 17. During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you leave the hospital?
 - Yes No
- 18. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you leave the hospital?
 - Yes No

OVERALL RATING OF HOSPITAL:

Please answer the following questions about your stay at the hospital. Do not include any other hospital stays in your answer.

- 19. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

0. Worst hospital possible	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10. Best Hospital possible

- 20. Would you recommend this hospital to your friends and family?
 - Yes No

21. Would you suggest anything that would have made your stay more comfortable?

22. Was there a particular employee that stood out to you either positively or negatively?

Who: _____

Why? _____

Comments: _____

PLEASE RETURN THIS SURVEY TO THE PATIENT REPRESENTATIVE, OR DROP INTO THE BLACK BOX IN THE LOBBY OR THE EMERGENCY ROOM WAITING AREA. THANK YOU

