

OUTPATIENT – SATISFACTION QUESTIONNAIRE

Dear Patients,

In order to better meet your needs and expectations, we would like to hear your opinion of your outpatient experience. Don't forget to return your questionnaire by dropping it off in the mailboxes provided for this purpose, or by leaving it at the reception desk when you leave.

Location visited:

Ambroise Paré SMC

Pierre Cherest SC

Hartmann Clinic

Why did you choose our facility?

Habit

Reputation

Doctor

Transfer

Other

Date of visit : ____/____/____

Room no.: _____

RECEPTION

Are you

	Very satisfied	Satisfied	Not very satisfied	Unsatisfied
With the main reception at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the hospitality service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the reception at the surgical suite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CARE

Are you

	Very satisfied	Satisfied	Not very satisfied	Unsatisfied
With the availability and attentiveness of the administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- of the healthcare staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- of the doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- of the surgical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- of the porters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the respect for your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMFORT

Are you

	Very satisfied	Satisfied	Not very satisfied	Unsatisfied
With the comfort of your room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the upkeep of your room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the snack/meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the noise level in the department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AP70. 6/10/2014 Version

INFORMATION

Are you

	Very satisfied	Satisfied	Not very satisfied	Unsatisfied
With the clarity of the information provided to prepare you for your hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- about the supplemental fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- by the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- by the healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- to reassure your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the confidentiality of your personal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAIT

Are you

	Very satisfied	Satisfied	Not very satisfied	Unsatisfied
With your waiting time upon arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your waiting time at discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPINION

Are you

Very satisfied Satisfied Not very satisfied Unsatisfied

With the overall care that you received at the facility

COMMENTS, OBSERVATIONS, SUGGESTIONS?

Optional: Last and first name: _____

Thank you for filling out this questionnaire. We wish you a full recovery. The Management and our teams.