

## INPATIENT – SATISFACTION QUESTIONNAIRE

Dear Patients,

In order to better meet your needs and expectations, we would like to hear your opinion of your inpatient 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

Hospitalized from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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 inpatient reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the reception for scans, physical therapy, etc.	<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 daytime healthcare staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- of nighttime 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 porters	<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 hospitality staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- of the physical therapists	<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"/>

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## 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 meal quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the meal quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the menu variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the dietary considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the noise level during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the noise level at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 hospitality 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"/>
- to prepare for discharge	<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

With the overall care that you received at the facility

Very satisfied  Satisfied  Not very satisfied  Unsatisfied

COMMENTS, OBSERVATIONS, SUGGESTIONS?

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Optional: Last and first name: \_\_\_\_\_

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

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