

**PATIENT SURVEY**

Date: _____

Your feedback about our Patient Services is very important to us.**Please complete this patient survey after/during your care to help us improve our existing services.****On completion, please fold the survey and either drop it in the survey response box or hand it to our staff.**

1. Were you treated with dignity and respect by our Staff?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
2. Did your care providers introduce themselves?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
3. Did you have confidence and trust in the Physicians treating you?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
4. Did you have confidence and trust in the Nurses and/or other Health Care Professionals treating you?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
5. Was your privacy and confidentiality respected?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
6. Did you receive thorough information about how to take your medications and told of any possible side effects?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure <input type="radio"/> Not Applicable
7. If you were in pain, did the hospital staff do everything they could to control your pain?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure <input type="radio"/> Not Applicable
8. Were you provided with an explanation of all examinations/procedures, educational material and follow up care?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
9. Were you involved in decisions about your care as much as you wanted to be?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
10. Were you satisfied with your care?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
11. Was the hospital environment clean and comfortable?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
12. Would you recommend us to your family and friends?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
13. Is the hospital providing you with enough information about their current activities and future plans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure

Thank you for taking the time to complete this survey.**Please provide any additional comments in the box below.**

If you want to speak to someone regarding your hospital stay please contact;

Devon Inglis, Vice President & Chief Nursing Officer, 905-774-7431, Ext. 1290 or dinglis@hwmh.ca