



In-Patient Satisfaction Survey

The following questions are designed to receive feedback from you so that may improve the services we provide for patients. Please insert a check mark in the appropriate box.

Admission & Translation:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was satisfied with the arrangements made for admission.					
I was admitted in a timely manner.					
Upon admission, I was greeted and shown around the ward and my room.					
The hospital provided translation services when necessary.					
I was satisfied with the translation services provided.					

Overall, how would you rate the admission and translation services provided? (Check one)

Excellent Good
 Fair Poor

Please provide additional comments/suggestions about the admission and translation services offered.

Care:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was satisfied with the care provided by the nursing staff.					
I was satisfied with the care provided by the physicians.					

I was well informed about tests, treatments received.				
The nurses and physicians answered any questions I had about my situation.				
I was satisfied that my concerns were addressed by the nurses and physicians.				

Overall, how would you rate the care provided to you by the nurses and physicians? (Check one)

Excellent Good
 Fair Poor

Please provide additional comments/suggestions about the admission and translation services offered.

Comfort:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My room and bathroom were kept clean.					
The person cleaning my room was courteous.					
The temperature of the room was comfortable.					
I had access to telephone and television.					
Things worked well in my room (call bell, lights, bed).					
The noise level in and around my room was well controlled.					
My privacy was respected by staff and other patients.					
I was satisfied with the visiting arrangements.					
My religious/cultural needs were fulfilled.					

Overall, how would you rate the comfort of your stay? (Check one)

Excellent Good
 Fair Poor

Please provide additional comments/suggestions regarding the comfort of your stay.

Meals:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was satisfied with the amount of food I received.					
My meals were served at the proper temperature.					
I received the food I requested.					
The meals served were well-tasting.					
I was satisfied with the times the meals were served.					
The person who brought my food to me was courteous.					
There were enough snacks, water and juices available in between meals.					

If possible, would you like to see traditional foods made available?

Overall, how would you rate the meals provided to you? (Check one)

Excellent Good
Fair Poor

Please provide additional comments/suggestions regarding the meals provided to you.

Additional Programs/Services:

(x-rays, rehab services, dietician, lab, dental, social worker)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The staff providing services was efficient and considerate.					
I was satisfied with the answers to questions regarding medical care from the staff.					
I was offered services provided by the traditional healing program.					
Services were provided to me in a timely manner.					

Overall, how would you rate the services provided to you? (Check one)

Excellent Good
Fair Poor

Please provide additional comments/suggestions regarding the comfort of your stay.

Transportation:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was satisfied with how the transportation was arranged.					
The transportation staff was efficient and courteous.					
The drivers picked me up when they were supposed to.					
The van/boat was easy to get into and out of.					
The drivers helped me into and out of the van/boat when needed.					

Overall, how would you rate the transportation services? (Check one)

Excellent Good
Fair Poor

Please provide additional comments/suggestions regarding transportation.

Thank you for taking the time to complete this survey. Your participation is appreciated.

Please return the survey to:

Attn: Quality Department,
19 Hospital Drive, P.O. Box 664,
Moose Factory, ON, P0L 1W0

Email: Patient.incidents2@waha.ca