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| **Patient Satisfaction Survey Form**  Dear client,  Please accept our greetings and well wishes for your quick recovery. Thank you for choosing our hospital for your treatment.  Bear in mind that evaluation of patient satisfaction is one of the most important means of removing shortcomings and problems of hospitals. Moreover, patient satisfaction is one of the significant aims of the board of directors and the staff of our hospital, therefore, we ask you to answer the following questions, which surely leads to better care services that will help us to accomplish these objectives.  ---------------------------------------------------------------------------------------------------------------  Respondent: patient □ patient attendant □ Full name: ---- Age: ---- Sex: ---- Diagnosis: ---- Surgery performed ---- Name of the ward: ----  Frequency of hospitalization: ---- Admission Date: ---- Admitting doctor: ----  Discharge date: ---- type of referral: emergency □ voluntary □ | |
| **Questions evaluating satisfaction** | Extremely  Extremely dissatisfied  Dissatisfied  somewhat  satisfied  Satisfied |
| 1. Your satisfaction from the way patients’ rights are observed  2. Your satisfaction from the way you have been received by the security staff when entering the hospital  3. Your satisfaction from the behavior of the reception-desk personnel and the accuracy and speed of their work  4. Your satisfaction from the availability of facilities for transportation of patients (Trolleys, wheelchairs, ambulance)  5. Your satisfaction from the employees’ communication and behavior towards you    6. Your satisfaction from the speed of offering services  7. Your satisfaction from the emergency services offered  8. Your satisfaction from the quality of nursing care in the wards  9. Your satisfaction from the admitting doctor  10. Your satisfaction from consultant doctors  11. Your satisfaction from the pharmacy services  12. Your satisfaction from laboratory services  13. Your satisfaction from radiology/imaging services  14. Your satisfaction from physiotherapy services  15. Your satisfaction from ease of access to hospital authorities and their accountability  16. Your satisfaction from the hygiene and cleanliness of the hospital environment, the rooms and bathrooms  17. Your satisfaction from the quality of food and dining services  18. Your satisfaction from providing proper sheets, blankets, clothes, and clean bed  19. Your satisfaction from the quality of Accounting Office services  20. Your satisfaction from the quality of telephone services  21. Your satisfaction from ventilation and cooling system and technical equipment  22. Your satisfaction from discharging process | □ □ □ □ □    □ □ □ □ □  □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □    □ □ □ □ □ |

**Your attitude towards the hospital**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Row |  | +3 | +2 | +1 | 0 | -1 | -2 | -3 |  |
| 1 | All the personnel are accountable in their workplace |  |  |  |  |  |  |  | The Personnel are irresponsible individuals |
| 2 | I am confident about the quality of treatment in this hospital |  |  |  |  |  |  |  | I worry about the quality of treatment in this hospital |
| 3 | The personnel are trustworthy |  |  |  |  |  |  |  | The personnel are not trustworthy |
| 4 | The hospital personnel are compassionate and their behavior is friendly. |  |  |  |  |  |  |  | The personnel are unresponsive and their behavior is hostile. |
| 5 | The hospital has advanced equipment and facilities |  |  |  |  |  |  |  | The equipment and facilities are old. |

1. Do you still want to receive services from this hospital in the future?

Strongly agree +3 +2 +1 0 -1 -2 -3 Strongly disagree

□ □ □ □ □ □ □

2. To what extent would you recommend this hospital to your friends and acquaintances?

Certainly, I will do it. +3 +2 +1 0 -1 -2 -3 It is very unlikely.

□ □ □ □ □ □ □

3. Why did you choose this hospital?

* Because of good quality of hospital services
* Just for its good doctors
* Just for its good staff
* Because of facilities and equipment’s of the hospital
* Because of being a specialty hospital
* Because of my admitting doctor’s suggestion
* Because of friends and acquaintances’ suggestion

4. How much has the hospital been able to meet your expectations?

Much more than expected +3 +2 +1 0 -1 -2 -3 Much less than expected

□ □ □ □ □ □ □

5. If you are to score the hospital from 0 to 20, what would be your score? □

6. Please provide us with your suggestions and comments.