

Patient's Satisfaction Survey

At Westminster Day Surgery we pride ourselves on continually working towards improving the standard of care at the Hospital and would appreciate your comments and feedback on your experience.

Your Name (optional):	
Type of Procedure:	
Date of Your Procedure:	

Please tick the box which corresponds with your answer:

PRE ADMISSION	Yes	No	Not Applicable
1. When/if telephone contact was made, was the communication friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the information you received at the phone call helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you find the information on the pre-admission form useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any additional information you would have liked pre- admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the admission staff friendly and helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CARE			
6. Were the findings and follow- up explained to you by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there any additional information you would have liked post-operatively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING CARE			
8. Were the nurses attentive and helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If you had pain, was pain relief given promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If you had nausea, was nausea relief given promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was your privacy respected at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION			
12. Did you read the rights and responsibilities on the patient information sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you read the privacy information on the patient information sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Were you adequately informed about the costs of your procedure from your doctor, anaesthetist, health fund and the day surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Turn Over



If you would like to provide additional feedback, please use the spaces provided below.

Thank you for providing us with your valuable comments.