

How Are We Doing?

Post Discharge Survey

Date(s) of Service: _____

Please Mark Which Department Served You:

- Surgery Obstetrics
- Radiology Laboratory
- Respiratory
- Out Patient Clinic
- Emergency Room
- Hospitalized In-patient
- Physical Therapy

Definition Scale:

4 = Excellent - All of my expectations were met.

3 = Good - The majority of my expectations were met.

2 = Fair - Less than half of my expectations were met.

1 = Poor - Very few expectations were met.



NORTH VALLEY HOSPITAL

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1. How would you rate the care you or your family received from our nursing staff?

4 3 2 1

2. How would you rate the care you or your family received from our providers?

4 3 2 1

3. What rating would you give the healthcare environment?

4 3 2 1

4. What rating would you give for pain management?

4 3 2 1 NA

5. Would you recommend us to your friends and family?

Yes No

6. Were your discharge instructions clearly explained?

Yes No

7. Were you promptly greeted and welcomed?

Yes No

Your suggestions are welcome: _____

Additional Comments: _____

8. Would you like to be contacted?

Yes No

If Yes, complete the following:

Name: _____

Daytime phone number that you can be reached:

You may return this survey by mail, or give the completed survey to your nurse before you leave.

Thank you for your participation!

Help us help you.