

## Your Hospital/Facility Stay...

Please fill in the circle that best describes your experience during your hospital/facility stay ending on date, year. Thank You!

### ADMISSION...

**1. Were you:**

- ☐ Admitted through the Emergency Department  
☐ Admitted through a planned admission by your doctor  
☐ Admitted unexpectedly after a day procedure or test  
☐ Transferred from another facility  
☐ Other

**2. How organized was the admission process?**

- ☐ Not at all organized    ☐ Somewhat organized    ☐ Very organized

**3. Do you feel you had to wait an unnecessarily long time to go to your room?**

- ☐ Yes, definitely    ☐ Yes, somewhat    ☐ No

**4. If you had to wait to go to your room, did someone from the hospital explain the reason for the delay?**

- ☐ Yes    ☐ No    ☐ Didn't have to wait

**5. How would you rate the courtesy of the staff who admitted you?**

- ☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent

### DOCTORS...

**6. Was there one particular doctor in charge of your care in the hospital?**

- ☐ Yes    ☐ No    ☐ Not sure

**7. When you had important questions to ask a doctor, did you get answers you could understand?**

- ☐ Yes, always    ☐ Yes, sometimes    ☐ No    ☐ Didn't have questions

**8. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?**

- ☐ Yes, completely    ☐ Yes, somewhat    ☐ No    ☐ Didn't have anxieties or fears

**9. Did you have confidence and trust in the doctors treating you?**

- ☐ Yes, always    ☐ Yes, sometimes    ☐ No

**10. Did doctors talk in front of you as if you weren't there?**

- ☐ Yes, often    ☐ Yes, sometimes    ☐ No

**11. How would you rate the courtesy of your doctors?**

- ☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent

**12. How would you rate the availability of your doctors?**

- ☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent

**13. Overall, how would you rate the care you received from your doctors?**

- ☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent



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## NURSES...

14. When you had important questions to ask a nurse, did you get answers you could understand?  
☐ Yes, always    ☐ Yes, sometimes    ☐ No    ☐ Didn't have questions
15. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?  
☐ Yes, completely    ☐ Yes, somewhat    ☐ No    ☐ Didn't have anxieties or fears
16. Did you have confidence and trust in the nurses treating you?  
☐ Yes, always    ☐ Yes, sometimes    ☐ No
17. Did nurses talk in front of you as if you weren't there?  
☐ Yes, often    ☐ Yes, sometimes    ☐ No
18. How would you rate the courtesy of your nurses?  
☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent
19. How would you rate the availability of your nurses?  
☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent

## HOSPITAL STAFF...

20. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you?  
☐ Yes, always    ☐ Yes, sometimes    ☐ No
21. Did you have enough say about your treatment?  
☐ Yes, definitely    ☐ Yes, somewhat    ☐ No
22. Did your family or someone close to you have enough opportunity to talk to your doctor?  
☐ Yes, definitely    ☐ No    ☐ Family didn't want or need to talk  
☐ Yes, somewhat    ☐ No family or friends were involved
23. How much information about your condition or treatment was given to your family or someone close to you?  
☐ Not enough    ☐ Too much    ☐ Family didn't want or need information  
☐ Right amount    ☐ No family or friends involved
24. Was it easy for you to find someone on the hospital staff to talk to about your concerns?  
☐ Yes, definitely    ☐ Yes, somewhat    ☐ No    ☐ Didn't want to talk/no concerns
25. When you needed help getting to the bathroom, did you get the help in time?  
☐ Yes, always    ☐ Yes, sometimes    ☐ No    ☐ Didn't need help
26. How many minutes after you used the call button did it usually take before you got the help you needed?  
☐ 0 minutes/right away    ☐ 6-10 minutes    ☐ 16-30 minutes    ☐ Never used call button  
☐ 1-5 minutes    ☐ 11-15 minutes    ☐ More than 30 minutes    ☐ Never got help
27. In general, after you used the call button, was the time you waited for help reasonable?  
☐ Yes, completely    ☐ Yes, somewhat    ☐ No    ☐ Didn't use call button
28. Did a doctor or nurse explain the results of tests in a way you could understand?  
☐ Yes, completely    ☐ Yes, somewhat    ☐ No    ☐ No tests were done
29. Were your scheduled tests and procedures performed on time?  
☐ Yes, always    ☐ Yes, sometimes    ☐ No    ☐ No tests/procedures
30. Did you feel like you were treated with respect and dignity while you were in the hospital?  
☐ Yes, always    ☐ Yes, sometimes    ☐ No



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**PAIN...**

**31. Were you ever in any pain? If no, go to #37.**

- ☐ Yes    ☐ No (Go to #37)

**32. When you had pain, was it usually severe, moderate, or mild?**

- ☐ Severe    ☐ Moderate    ☐ Mild

**33. Did you ever request pain medicine? If no, go to #35.**

- ☐ Yes    ☐ No (Go to #35)

**34. How many minutes after you requested pain medicine did it usually take before you got it?**

- ☐ 0 minutes/right away    ☐ 6-10 minutes    ☐ 16-30 minutes    ☐ Never got medicine  
☐ 1-5 minutes    ☐ 11-15 minutes    ☐ More than 30 minutes

**35. Do you think that the hospital staff did everything they could to help control your pain?**

- ☐ Yes, definitely    ☐ Yes, somewhat    ☐ No

**36. Overall, how much pain medicine did you get?**

- ☐ Not enough    ☐ Right amount    ☐ Too much

**GOING HOME...**

**37. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?**

- ☐ Yes, completely    ☐ No    ☐ No medicines at home  
☐ Yes, somewhat    ☐ Didn't need explanation

**38. Did someone tell you about medication side effects to watch for when you went home?**

- ☐ Yes, completely    ☐ No    ☐ No medicines at home  
☐ Yes, somewhat    ☐ Didn't need explanation

**39. Did they tell you what danger signals about your illness or operation to watch for after you went home?**

- ☐ Yes, completely    ☐ Yes, somewhat    ☐ No

**40. Did they tell you when you could resume your usual activities, such as when to go back to work or drive a car?**

- ☐ Yes, completely    ☐ Yes, somewhat    ☐ No

**41. Did the doctors and nurses give your family or someone close to you all the information they needed to help you recover?**

- ☐ Yes, definitely    ☐ No    ☐ Family didn't want or need information  
☐ Yes, somewhat    ☐ No family or friends involved

**42. Did you know who to call if you needed help or had more questions after you left the hospital?**

- ☐ Yes    ☐ No    ☐ Not sure

**OVERALL IMPRESSION...**

**43. While you were in the hospital, were you able to get all the services you needed?**

- ☐ Yes, completely    ☐ Yes, somewhat    ☐ No

**44. Overall, how would you rate the care you received at the hospital?**

- ☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent

**45. How would you rate how well the doctors and nurses worked together?**

- ☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent

**46. Would you recommend this hospital to your friends and family?**

- ☐ Yes, definitely    ☐ Yes, probably    ☐ No



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## AMENITIES...

47. How would you rate the quality of the food (how it tasted, serving temperature, variety)?

- ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

48. How would you rate the condition of your room and hospital environment (cleanliness, comfort, lighting, temperature)?

- ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

## YOUR BACKGROUND...

In order to be sure we have survey responses from a variety of people, we are asking you to provide some information about your background. Remember, your individual responses will not be shared with anyone.

49. In general, how would you rate your health?

- ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

50. During the past month, how many days did illness or injury keep you in bed all or part of the day?

- ☐ None ☐ Two Days ☐ Four Days ☐ Eight-to-Ten Days  
☐ One Day ☐ Three Days ☐ Five-to-Seven Days ☐ More than Ten Days

51. Including this hospital stay, how many times in the last six months have you been in a hospital overnight or longer?

- ☐ Only this time ☐ This time and one other time ☐ This time and more than one other time

52. What is the highest grade or level of school that you have completed?

- ☐ Public school ☐ College, trade, or technical school ☐ Post university/graduate education  
☐ High school ☐ University undergraduate degree

53. Who completed this survey?

- ☐ Patient ☐ Someone else

The hospital will review your comments, however you will not be contacted directly regarding any comments or concerns. Should you wish to speak with someone directly regarding your care experience, please contact our Patient Relations at (519) 646-6100 ext. 61234.

54. Is there anything else you would like to tell us about your hospital stay?

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Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated. When you are done, please use the enclosed pre-paid envelope to return this questionnaire to National Research Corporation Canada, 7100 Woodbine Ave, Suite 411, Markham ON L3R 5J2.

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