

1. Did the admission process meet your expectations/needs? a) Was it timely? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did your room meet your expectation? a) Cleanliness? b) Comfort? c) Were the controls for the use of the electric bed, TV, lighting and call bell explained? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3. Were your meals appetizing? a) Correct temperature? b) Well presented? c) Met dietary needs? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Was the Clinical handover a positive experience for you? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

5. Did the nursing staff manage the prevention of pressure injury effectively? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Did communication between the doctor and other staff meet your needs? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Were you happy with the quality of medical, nursing and allied healthcare? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Were staff compliant with hand hygiene during your stay? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Were staff courteous and respectful? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Did staff prepare you for discharge? a) Were instructions clear? b) How did you view the overall discharge process? Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>



Healthcare is our Specialty

From pre admission to discharge we encourage consumer involvement.

If you would like to be a consumer representative please let us know.

If you have any queries speak to the staff who will be happy to assist you.

Name: _____

Date of Admission: _____

Room Number: _____

Comments: _____
