In-Patient Experience and Satisfaction Response Card

<table>
<thead>
<tr>
<th>Unit Currently Admitted to:</th>
<th>5D2</th>
<th>5D3</th>
<th>5D4</th>
<th>5E2</th>
<th>5E4</th>
<th>Date:</th>
<th>dd/mm/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please circle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please rate each of the questions below by checking (✓) a box to the right

### Communication with Nurses
During your stay on this unit, how often did nurses **listen** to you?

During your stay on this unit, did you **understand** what nurses explained to you?

### Responsiveness of Nurses
During your stay on the unit, how often did nurses **follow up** on your concerns and observations?

### Communications with Physicians
During your stay on this unit, how often did physicians **listen** to you?

During your stay on this unit, did you **understand** what physicians explained to you?

### Responsiveness of Physicians
During your stay on the unit, how often did physicians **follow up** on your concerns and observations?

### Physical Environment
During your stay on the unit, was your room and bathroom kept **clean**?

During your stay on the unit, was the area in and around your room **quiet** at night?

Please turn over →
### About Your Medication and Pain Control

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>During your stay on this unit did your health care providers do everything they could to help with your pain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before giving you a new medication, did hospital staff tell you about it in a way that made sense to you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Care Coordination

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>During your stay on this unit, did all of your health care providers seem to have the same plan for your care?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### People Centered Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>During your stay on this unit, were you a participant in your treatment decisions?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer the question below by checking (✓) a box to the right

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>As you leave the unit, do you understand what the next steps in your recovery are?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Please provide your overall level of satisfaction with your experience on the scale below: (circle or mark with an ‘X’)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Horrible</td>
</tr>
<tr>
<td>1</td>
<td>Poor</td>
</tr>
<tr>
<td>2</td>
<td>Fair</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Very Good</td>
</tr>
<tr>
<td>5</td>
<td>Excellent</td>
</tr>
<tr>
<td>6</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

Please provide us with any additional thoughts you have. We appreciate your time and perspective.

*Optional : If you would like to participate in future quality improvement efforts or be contacted about your feedback, please provide your name: ___________________________ phone number: ___________________________

---

**General Internal Medicine - Give, Inspire, Motivate**