IN-PATIENT DEPARTMENT

Dear Patient:

It is the goal of Central Montana Hospital to provide superior customer service. We would appreciate a few minutes of your time to fill out this brief questionnaire so that we may identify areas for improvement. You should not sign the questionnaire, and your responses will not be linked to you in any way. Thank you for your assistance.

Based on your experiences at Central Montana Hospital, how satisfied are you with the following aspects of your care?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Not Applicable
How satisfied are you with the amount of time you spent waiting for your procedure?						
Are you satisfied that the nurse asked about your pain regularly?						
How satisfied are you that your pain was relieved by the nursing staff?						
Are you satisfied that your call light was answered in a timely manner?						
Are you satisfied with the preparation for your discharge?						
How satisfied were you overall with the care you received at Central Montana Hospital?						
How satisfied were you with the overall with the quality of food you received during your stay?						
Are you satisfied with how well your procedures were explained?						
	Certainly Not	Probably Not	Neutral	Probably Will	Certainly Will	Not Applicable
Based just on this experience, how likely are you to continue to seek care at Central Montana Hospital?						
Based on this experience, how likely is it that you will refer others to Central Montana Hospital?						
	Worse	What I Expected	Better	Much Better	Not Applicable	
How did your overall experience at Central Montana Hospital compare with what you expected?						
How did it compare with the service you have received from other regional hospitals?						

Is there anything else about today's visit you think we should know to help improve service?

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