## Hospital Discharge Survey

**Before you start**

Thank you for helping us improve care at discharge. Please fill the checkboxes completely using a blue or black pen. Your answers are anonymous and confidential.

# 01 Your discharge experience

**Please rate how much you agree with each statement about your discharge.**

*Please cross one in each line*

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|---|---|---|---|---|
| Staff explained my condition and treatment clearly | ○ | ○ | ○ | ○ | ○ |
| I understood my discharge instructions | ○ | ○ | ○ | ○ | ○ |
| I knew who to contact with questions | ○ | ○ | ○ | ○ | ○ |
| My pain was well managed | ○ | ○ | ○ | ○ | ○ |
| I was treated with dignity and respect | ○ | ○ | ○ | ○ | ○ |
| The ward was clean and comfortable | ○ | ○ | ○ | ○ | ○ |

# 02 Overall

**How likely are you to recommend this hospital?**

Not at all likely ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Extremely likely

**What could we have done better?**

Thank you for your feedback. Please return this form to the ward desk or the drop box on your way out.

*To respond ⊗ or ●*

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