

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

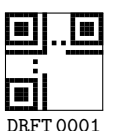
How likely are you to recommend this hospital?

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 ☐



DRFT 0001