

PATIENT FEEDBACK

Dear Patient,

We trust that your stay at Sydney Adventist Hospital has been comfortable. We would appreciate you completing this survey to assist us to continually improve the services we provide.

OVERALL RATINGS

	Excellent	Good	Fair	Poor	Very Poor	Does Not Apply	Comments
What is your overall opinion of:							
Sydney Adventist Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical Staff/Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities & Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	To some Extent	No	Does Not Apply	
Would you return to this hospital for your medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend this hospital to your friends or family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you provided with adequate information about your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During your admission were your cultural and/or special needs met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, are you satisfied with the outcome of your medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why did you choose the San? (Tick all that apply)

- Doctor's Recommendation Reputation of Hospital Location
- Friends or Relatives Recommendation Insurance Requirements Other

Was this your first time at this Hospital? Yes No Unsure

Patient Age: 0-17 18-34 35-49 50-64 65-79 80+

Patient Sex: Male Female

PATIENT FEEDBACK

SYDNEY
ADVENTIST
HOSPITAL



PLEASE TELL US

What impressed you most?

.....
.....

Any exceptional staff members?

.....
.....

General Comments

.....
.....

WARD/AREA **NAME** (OPTIONAL).....

Please forward this to your ward secretary on discharge or after discharge post to:

Quality Management Department

Sydney Adventist Hospital

FREE POST 6

185 Fox Valley Road

Wahroonga NSW 2076

If you would like to contact us please email customerfeedback@sah.org.au

THANK YOU FOR HELPING US SERVE YOU BETTER