Centre Hospitalier de Gourdon
Avenue Pasteur
46 300 GOURDON

Patient Satisfaction Questionnaire, Gourdon hospital

Your feedbacks will help us to improve the quality of our services.
Please complete this questionnaire (including your name or anonymously) and give it to a nurse,
another member of staff
or return it to the attention of the General Manager.

SURNAME - Name : ……………………………………………………………….

HOSPITALIZATION SERVICE : ……………………………………………….

Tampon du service

Reception		Very pleased	Pleased	Dissatisfied	Very dissatisfied	Not concerned
	Emergencies	☐	☐	☐	☐	☐
	Admissions Office	☐	☐	☐	☐	☐
	Medical Ward	☐	☐	☐	☐	☐
Waiting time	Emergencies	☐	☐	☐	☐	☐
Quality of care	Medical team	☐	☐	☐	☐	☐
	Day care team	☐	☐	☐	☐	☐
	Night care team	☐	☐	☐	☐	☐
	Pain relief	☐	☐	☐	☐	☐
Staff availability	Medical Team	☐	☐	☐	☐	☐
	Day care team	☐	☐	☐	☐	☐
	Night care team	☐	☐	☐	☐	☐
Respect for...	Dignity	☐	☐	☐	☐	☐
	Privacy	☐	☐	☐	☐	☐
	Religious beliefs	☐	☐	☐	☐	☐
Accommoda-tion	Comfort	☐	☐	☐	☐	☐
	Cleanliness	☐	☐	☐	☐	☐

Please turn over

Catering		Very pleased	Pleased	Dissatisfied	Very dissatisfied	Not concerned
	Quality	☐	☐	☐	☐	☐
	Quantity	☐	☐	☐	☐	☐
	Presentation	☐	☐	☐	☐	☐
	Temperature	☐	☐	☐	☐	☐
	Schedule	☐	☐	☐	☐	☐
	Assistance with meals	☐	☐	☐	☐	☐

Conveniences at your disposal		Very pleased	Pleased	Dissatisfied	Very dissatisfied	Not concerned
	Television	☐	☐	☐	☐	☐
	Telephone	☐	☐	☐	☐	☐

The quality of information provided by …		Very pleased	Pleased	Dissatisfied	Very dissatisfied	Not concerned
	Clinical staff	☐	☐	☐	☐	☐
	Nursing staff	☐	☐	☐	☐	☐
	Administration staff (admission, standard, …)	☐	☐	☐	☐	☐

Nuisance		Yes	No	Not concerned
	Noise	☐	☐	☐
	What kind ? :	……………………………………………………………………………………………. …………………………………………………………………………………………….		

Your departure				
	Were you adequately assisted ?	☐	☐	☐

The welcome booklet				
	Did it meet your expectations ?	☐	☐	☐

Your overall opinion				
	Are you satisfied about your stay?	☐	☐	☐

❖ Your comments :

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❖ Your suggestions :

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Thank you for your time