

Patient Quality Questionnaire

We are pleased you chose Menlo Park Surgical Hospital (MPSH) for your surgical procedure and recovery care. We wish you a speedy recovery and hope your stay is as pleasant as possible.

In order to ensure that we provide you with quality care, we need your help. Please take a moment and complete this questionnaire. We welcome your comments and suggestions. Thank you for your time.

Please rate the following by circling the appropriate number:

	BEST		NEEDS IMPROVEMENT			
	5	4	3	2	1	NA
Was the facility clean and comfortable?	5	4	3	2	1	NA
Were your pre-admission instructions clear?	5	4	3	2	1	NA
Were your financial obligations clear?	5	4	3	2	1	NA
Was your admitting process prompt and courteous?	5	4	3	2	1	NA
Do you think your wait time was reasonable?	5	4	3	2	1	NA
Were you pleased with the level of nursing care?	5	4	3	2	1	NA
Do you feel as though your pain was managed effectively?	5	4	3	2	1	NA
If you stayed overnight, did you enjoy your meals and were your dietary needs met?	5	4	3	2	1	NA
Do you feel your discharge instructions were clear and adequate?	5	4	3	2	1	NA
Were your safety needs met?	5	4	3	2	1	NA
Was your companion treated with respect?	5	4	3	2	1	NA
Would you recommend our facility?	5	4	3	2	1	NA
What is your overall impression of MPSH?	5	4	3	2	1	NA
Do you have any suggestions to improve safety? _____						

Comment/Suggestions _____

Please indicate who made the decision to use Menlo Park Surgical Hospital:

- Myself Surgeon (name of physician) _____ Both

Did you visit the Menlo Park Surgical Hospital Web site at www.pamf.org/mpsh? Yes No

Your Name (optional) _____

Again, thank you for your assistance and for choosing Menlo Park Surgical Hospital.