GUYSBOROUGH/ANTIGONISH/STRAIT HEALTH AUTHORITY
IN-PATIENT QUESTIONNAIRE

We are committed to providing quality care. We value your opinion about the care that you or your loved one received at our facility. Please help us serve you better by completing this questionnaire. Please do not write your name anywhere on this questionnaire as all your responses are confidential. If you are answering on behalf of someone else, answer for the patient.

1. Questionnaire completed by:

   Patient ------------------------1 □
   Family/friend/guardian------- 2 □

2. Which facility applies to your most recent hospitalization?

   St. Martha’s Regional Hospital ------------------------1 □
   Eastern Memorial Hospital-----------------------------2 □
   Guysborough Memorial Hospital -----------------------3 □
   St. Mary’s Memorial Hospital -------------------------4 □
   Strait Richmond Hospital -----------------------------5 □

3. If you were a patient at St. Martha’s Regional Hospital or Strait Richmond Hospital, please check the main nursing unit where you (or your friend/family member) were a patient on this admission and the unit you will evaluate in this survey:

   Progressive Care Unit (PCU) --------------------------01 □
   Medical-Surgical Unit--------------------------------02 □
   Children’s (Pediatrics) -----------------------------03 □
   Emergency Holding Area ---------------------------04 □
   Geriatric Assessment & Rehabilitation Unit (GARU) -------06 □
   Intensive Care Unit (ICU)----------------------------07 □
   Hospital-in-the-home--------------------------------08 □
   Maternity (OBS) -------------------------------------09 □
   Mental Health ----------------------------------------10 □

4. Please indicate your gender:

   Male ------------------------1 □
   Female --------------------2 □

5. How many nights did you spend in the hospital? ___ ___
6. My age is between:

9 and under ------------------------ 1
10 – 19 -------------------------- 2
20 – 29 --------------------------- 3
30 – 39 --------------------------- 4
40 – 49 --------------------------- 5
50 – 59 --------------------------- 6
60 – 69 --------------------------- 7
70 and over ----------------------- 8

7. I was completely satisfied with my overall care while in hospital.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

8. The information I received prior to hospitalization was helpful. (Circle N/A if not applicable.)
   Not at all 1 2 3 4 5 6 7 8 9 Completely N/A

9. If hospitalized following emergency room care, answer questions 9.1 and 9.2.

9.1. The approximate time I waited to see an emergency room doctor was:

   Immediately -------------------------- 1
   Less than 15 min. ---------------------- 2
   Less than 30 min. ---------------------- 3
   30 – 59 min. -------------------------- 4
   1 – 2 hours --------------------------- 5
   More than 2 hours --------------------- 6

9.2. In general my admission was processed very quickly.
   Not at all 1 2 3 4 5 6 7 8 9 Entirely N/A

10. My doctor was always available to answer my questions.
    Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

11. My doctor’s visits were just the right length of time.
    Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree
12. I was **completely informed by the doctor** of all procedures, treatments, surgery, other options, etc.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree N/A

13. While in hospital I felt that the **nursing staff cared for my emotional needs**.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

14. I felt that my **nurses were very trustworthy**.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

15. I felt that my **nurses had an excellent beside manners**.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

16. All my **caregivers introduced themselves** to me. (Circle N/A if not applicable)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray technicians</td>
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</tr>
<tr>
<td>Occupational therapy</td>
<td>1</td>
</tr>
<tr>
<td>Doctors</td>
<td>1</td>
</tr>
<tr>
<td>Nurses</td>
<td>1</td>
</tr>
<tr>
<td>Lab technicians</td>
<td>1</td>
</tr>
<tr>
<td>Spiritual caregivers</td>
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<tr>
<td>Social workers</td>
<td>1</td>
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<tr>
<td>Physiotherapy</td>
<td>1</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
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</tbody>
</table>

17. I would rate the **courtesy of staff** (Circle N/A if the category does not apply):

   Admitting N/A Rude 1 2 3 4 5 6 7 8 9 Courteous
   Nurses N/A Rude 1 2 3 4 5 6 7 8 9 Courteous
   Doctors N/A Rude 1 2 3 4 5 6 7 8 9 Courteous
   Housekeeping N/A Rude 1 2 3 4 5 6 7 8 9 Courteous
   Kitchen N/A Rude 1 2 3 4 5 6 7 8 9 Courteous

18. I was very satisfied with the amount of **involvement offered to my family** with regards to my care.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree N/A
19. I felt comfortable with the **level of privacy provided**
   Not at all 1 2 3 4 5 6 7 8 9 Always N/A

20. I felt that **I was fully involved in decision making with regards to my care**.
    Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree N/A

21. I was **completely satisfied with the spiritual support** provided to me.
    Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree N/A

22. I was **completely satisfied with how my pain was managed** while hospitalized.
    Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree N/A

23. The **noise level** was adequate.
    Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree N/A

24. **Rating of my hospital room:**

   Temperature-------------Too cold 1 2 3 4 5 6 7 8 9 Too hot

   Lighting-------------------Too dim 1 2 3 4 5 6 7 8 9 Too bright

   Furniture--------------Poor 1 2 3 4 5 6 7 8 9 Excellent

25. I find the **visiting hours** to be completely appropriate.
    Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree N/A

26. I received information regarding **available services/facilities** (check for each one).

   Yes No
   Phone -----------------------------1☐ ---------------------0☐ ---- N/A
   TV -----------------------------1☐ ---------------------0☐ ---- N/A
   Call bell --------------------1☐ ---------------------0☐ ---- N/A

27. I feel **very well prepared to care for myself at home**.
    Not at all 1 2 3 4 5 6 7 8 9 Completely N/A
28. I am **knowledgeable about all the medications** I use.
   Not at all 1 2 3 4 5 6 7 8 9 Completely N/A

29. Given my condition, the **length of stay of my hospitalization was too short**:
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree N/A

30. **My room and washroom was kept clean** at all times during my hospitalization.
   Not at all 1 2 3 4 5 6 7 8 9 Always N/A

31. The **food I was served while hospitalized was excellent**.
   Not at all 1 2 3 4 5 6 7 8 9 Definitely N/A

32. The **hospital helped me arrange the home support I needed**.
   Not at all 1 2 3 4 5 6 7 8 9 Definitely N/A

33. I received a **follow-up call** once I was discharged.
   Yes 1
   No 0
   N/A 9

   41a. If no, would you like to have received one?
   Yes 1
   No 0

34. I was **completely satisfied with my hospital stay overall**.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

35. What would be the **one change** you would make to improve your hospital experience?

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

   ***Thank You***