F-4E Satisfaction Questionnaire FY 2010 Date:_____

Our goal is to provide our Veterans with excellent care. Your responses to this questionnaire help us to be aware of the areas where we are doing well and also of the areas that may require changes to improve the care that we provide to you, our respected Veterans. You will receive a phone call within 5 days of discharge, please answer the questions honestly and let the nurse caller know if you have any needs or problems at that time. You may receive a survey in the mail. It is important that you complete this survey and submit it.

Please complete this questionnaire based on care you received *during this hospital stay.* Circle the answer that you feel best applies.

1. Do you feel that the nurses met your needs as a patient? Never Sometimes Usually Always
2. Did nursing staff introduce themselves to you prior to giving care? Never Sometimes Usually Always
3. How would you rate Food Service at this hospital on a scale from 0 (poor) to 10 (excellent)? _____
   Why:_____
4. Did doctors listen attentively to you? Never Sometimes Usually Always
5. Did doctors explain things in a way you could understand? Never Sometimes Usually Always
6. Was the area around your room quiet at night? Never Sometimes Usually Always
7. Was your pain well controlled? Never Sometimes Usually Always
8. Did the hospital staff do all they could to help with your pain? Never Sometimes Usually Always
9. Before giving new medicine, did hospital staff tell you what the medicine was for?
   Never Sometimes Usually Always
10. Before giving new medicine, were you instructed re the possible side effects?
    Never Sometimes Usually Always
11. Did doctors, nurses, or hospital staff talk with you about whether you would have the help you needed when you left the hospital? Never Sometimes Usually Always
12. Did you receive information in writing about the symptoms or health problems to look out for after you left the hospital? Never Sometimes Usually Always
13. Using a number from 0 to 10, where 0 is the worst hospital and 10 is the best hospital, what number would you use to rate this hospital during your stay? _____
14. Would you recommend this hospital to other veterans? No Probably Not Probably Yes Yes
    Why or Why Not:_____
15. When there was more than one choice for your treatment, did providers ask which choice you thought was best for you? Never Sometimes Usually Always
16. During this hospitalization, did providers talk about the pros and cons of each treatment?
    Never Sometimes Usually Always
17. Did you understand your discharge instructions?

Thank you for taking the time to complete this questionnaire. The information is collected and reviewed. It assists us to be aware of the areas where we are doing well and also of the areas that may require changes to improve the care that we provide to you, our respected Veterans. We appreciate your input.

If you would like someone from the hospital to speak with you regarding the care you received, please give your name and phone number:_____