

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Patient Satisfaction Questionnaire - 2009**  
**Acute Medicine F-4E**

**1. Since you have been a patient have you received information regarding:**

	<b>Patient Declined</b>	<b>Yes – Doctor</b>	<b>Yes – Nurse</b>	<b>No</b>
<b>a. Diagnosis</b>	_____	_____	_____	_____
<b>b. Medication</b>	_____	_____	_____	_____
<b>c. Tests / Procedures</b>	_____	_____	_____	_____
<b>d. Diet</b>	_____	_____	_____	_____
<b>e. Discharge Planning</b>	_____	_____	_____	_____
<b>f. Weight Monitor</b>	_____	_____	_____	_____
<b>g. Smoking Cessation</b>	_____	_____	_____	_____

**2. Has someone on the hospital staff told you what activities you could do after you got home (such as driving, walking up steps, lifting, sex)?** \_\_\_\_\_  
\_\_\_\_\_

**3. Has someone on the hospital staff provided education regarding what problems related to your illness or operation to watch for after you went home?**  
\_\_\_\_\_  
\_\_\_\_\_

**4. Do you know who to contact if you needed medical advice or help right away, after you went home?** \_\_\_\_\_

**5. Has the hospital staff given your family or someone close to you all the information they needed to help you recover after you got home?**  
\_\_\_\_\_

**Thank you for your participation in this brief questionnaire. We appreciate your evaluation.**

You will be receiving a post discharge phone call within 5 days following discharge regarding your care while in the hospital, please respond to the questions honestly. This 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.