**Patient Satisfaction Survey Questionnaire Hospital**

**Patient ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Admission/Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Hospital Ward/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Survey Questions**

1. **Hospital Environment and Cleanliness**
   * **Room cleanliness and maintenance: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
   * **Bathroom and amenities hygiene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * **Noise levels in patient area: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
2. **Care Provided by Medical Staff**
   * **Physician’s attention to concerns: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
   * **Nurse attentiveness and availability: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
3. **Treatment and Explanation**
   * **Clarity of treatment steps explained by staff: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
   * **Follow-up care instructions provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Interaction with Support Staff**
   * **Friendliness and respect from support staff: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
   * **Helpfulness of staff in non-medical tasks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Questions**

| **Aspect** | **Excellent** | **Good** | **Fair** | **Poor** |
| --- | --- | --- | --- | --- |
| **Food Service Quality** |  |  |  |  |
| **Comfort of Hospital Bed** |  |  |  |  |
| **Efficiency in Discharge Process** |  |  |  |  |

**Overall Experience at Hospital  
☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied**

**Comments/Suggestions for Improvement**

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