

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
