

Day Surgery Unit Survey

Name of Day Unit:

Month visited:

<p>1. Following arrival at the hospital, how long did you wait before being admitted to a bed or ward?</p> <p><input type="checkbox"/> I did not have to wait <input type="checkbox"/> Less than 1 hour <input type="checkbox"/> At least 1 hour but less than 2 hours</p> <p><input type="checkbox"/> At least 2 hours but less than 4 hours <input type="checkbox"/> At least 4 hours but less than 8 hour <input type="checkbox"/> 8 hours or longer</p>
<p>2. When you had important questions to ask a nurse, did you get answers you could understand?</p> <p><input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I don't know/can't remember</p>
<p>3. Would you say that the staff were understanding and compassionate?</p> <p><input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not always <input type="checkbox"/> Never <input type="checkbox"/> I don't know/can't remember</p>
<p>4. Were you given enough privacy when discussing your condition or treatment?</p> <p><input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not always <input type="checkbox"/> Never <input type="checkbox"/> I don't know/can't remember</p>
<p>5. While staying in hospital did you ever have to use the same bathroom/shower/toilet with patients of the opposite sex?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know/can't remember</p>
<p>6. In your opinion, how clean was the hospital area, room or ward that you were in?</p> <p><input type="checkbox"/> Very clean <input type="checkbox"/> Fairly clean <input type="checkbox"/> Not very clean <input type="checkbox"/> Not at all clean <input type="checkbox"/> I don't know/can't remember</p>
<p>7. Overall, did you feel you were treated with respect and dignity while you were in the unit?</p> <p><input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not always <input type="checkbox"/> Never <input type="checkbox"/> I don't know/can't remember</p>
<p>8. If you have been discharged, did hospital staff tell you who to contact if you were worried about your treatment or condition after you left hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet discharged</p>
<p>9. Would you recommend this hospital to your family and friends?</p> <p><input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No <input type="checkbox"/> I don't know/can't remember</p>
<p>10. Overall, how would you rate the care you received at the Day Unit?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>

Please write in any additional comments using the back of this sheet.

Please return your completed survey to: The Patient Relations Team, Freepost RLRJ-XCCE-CCZH
Level 2 Main Entrance, Royal Berkshire Hospital, London Road, Reading RG1 5AN.

Thank you for completing this survey