



Queensland
Government
Queensland Health

PATIENT SATISFACTION SURVEY

NB: This survey now also includes patients who were admitted to hospital in 2005.

INSTRUCTIONS FOR SURVEY COMPLETION

ABOUT THE SURVEY

This survey is about your *overall* treatment at the specified hospital. It asks for *your opinion* about the services that you received as a hospital patient in 2004.

- Not everybody receives all services. If you did not use a particular service while in hospital just fill in the "**Does Not Apply**" response.
- Sometimes you may consider one staff member to have given excellent service and another to have given poor service. We want your *overall* opinion. There is space towards the end of the survey for you to make specific comments.
- There are no right or wrong answers, it is *your opinion* that is important.
- If you are assisting someone to complete this questionnaire, it is important that the *patient's* answers are presented. If you have other issues to discuss, please write them on a separate sheet of paper and send it directly to the Quality Manager at the hospital.
- Your answers are important. They will help the hospital to improve its services to patients. **REMEMBER, THE SURVEY IS COMPLETELY CONFIDENTIAL.** No information that will identify you will be given to anyone at the hospital.

Please note, we have made every effort to ensure this survey has gone to the correct person. However, if you are *not* the person to whom this survey was addressed, or if you have not been a patient at the hospital mentioned in the covering letter, please return this survey in the envelope supplied, along with a note to this effect. Thank you for your assistance.

WHEN YOU HAVE FINISHED

Place the completed survey in the "**Reply Paid**" envelope and put it in the mail. You do not have to use a stamp. If you have misplaced the "**Reply Paid**" envelope, just use a plain envelope. The address to write on the plain envelope is:

Roy Morgan Research
Reply Paid 2282
MELBOURNE VIC 8060

Remember you don't need to use a stamp.



COMPLETING THE SURVEY

To complete the survey please follow the instructions by either **placing an 'X' in the appropriate box or writing in your answers** as required using a blue/black ballpoint pen. An example of how to do this has been provided below.

EXAMPLE ONLY

The person completing the example has rated the quality of the car parking facilities as "good". However, this person did not have visitors during their stay in hospital, so selected "Does Not Apply" for their rating of visiting hours.

Question A. How would you rate the following:
(Please mark one box only for each)

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) The quality of car parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The visiting hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you make a mistake, completely shade out the box and place an 'X' in the appropriate one.



IF YOU NEED TO CONTACT US

If you have any questions about how to complete this questionnaire please speak to **Roy Morgan Research** on **1800 337 332**.

**THANK-YOU FOR YOUR ASSISTANCE IN COMPLETING THIS SURVEY
AND RETURNING IT TO THE REPLY PAID ADDRESS
AT YOUR EARLIEST CONVENIENCE.**

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PATIENT SATISFACTION SURVEY

**Queensland
Government**
Queensland Health

When answering all questions please refer to the time period in your letter.
First of all some general questions about your 2004 stay in Hospital.

NB: This survey now also includes patients who were admitted to hospital in 2005. Where 2004 is specified, please substitute 2005.

These questions are about HOW YOU WERE ADMITTED to hospital for treatment. Please PLACE AN "X" IN THE BOX next to the answer that applies to you.

Q1. What was the nature of your admission to hospital for this visit?

(Please mark one box only)

- SURGICAL** - you had surgery or an operation while in hospital
- MEDICAL** - you were admitted for an investigation, procedure and/or treatment (including ante-natal care), but you did **not** have surgery or an operation
- MATERNITY** - you gave birth while in hospital on this occasion
- Not sure**

Q2. On your 2004 visit to this hospital, did you stay overnight?

- Yes → **IF YES GO TO QUESTION 4**
- No
- Not sure

Q3. Were you satisfied with each of the following aspects of your visit as a Same Day Patient?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) Waiting time – not having to wait too long when you arrived before being attended to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Waiting room comfort – comfortable chairs and pleasant surroundings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Change room – comfort and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Lockers – availability, security and ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Recovery room – pleasant and quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. Were you transferred from another hospital?

- Yes
- No
- Not sure

Q5. Was your admission to the hospital planned/pre-booked?

- Yes
- No
- Not sure

↳ **IF NOT PLANNED OR PRE-BOOKED, GO TO QUESTION Q11**





**Now thinking about BEFORE YOU WERE ADMITTED for your stay in hospital in 2004.
That is, from the time you found out you had to go to hospital until you actually arrived at the hospital.**

**Please mark one box for each item.
If a question does not apply to you, please mark the "Does Not Apply" box.**

	YES	NO	NOT SURE	DOES NOT APPLY
Q6. Was your planned admission date changed by someone at the hospital?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q7. Did someone from the hospital talk to you <i>before</i> you went to hospital about what you needed for your stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8. Did you <i>visit</i> the hospital to talk to a nurse, or have some tests <i>before</i> you were admitted for treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9. Before you went to hospital did you receive any written information about <i>the hospital</i> ?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10. How would you rate the hospital on the following features?
(Please mark one box for each item)**

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) The length of time between when you found out you had to go to hospital and when the hospital was able to admit you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The clarity of written information you received about the hospital before your stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The <i>amount</i> of information you received about the hospital before your stay.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The attitude of the hospital staff you spoke to <i>before</i> you were admitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now thinking about YOUR ACTUAL ADMISSION to the hospital.

**Q11. How would you rate the hospital on the way your admission was handled?
(If you were admitted as an emergency patient, some may not apply)
(Please mark one box for each item)**

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) The attitude of admission staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The way the hospital routine and procedures (like meal times, visiting hours, doctors' visits, etc.) were explained to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Consideration of your personal needs and wants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The time you had to wait for a bed (after you arrived at the hospital).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Please mark one box for each item.
If a question does not apply to you, please mark the "Does Not Apply" box.

Q17. Continued . . .

DURING YOUR HOSPITAL STAY, how would you rate:
(Please mark one box for each item)

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
g) Your confidence in the doctor(s) in charge of your care at the hospital.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The communication between doctors, nurses and other hospital staff about your treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) The helpfulness of the hospital staff in general.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) The way hospital staff helped you with your pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) The availability of staff when you needed them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Respect for your privacy during your stay.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) The way information about your condition was explained to you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) The compassion and reassurance of staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Being treated with respect.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) The opportunity to ask questions about your medical treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) The way staff involved you in decisions about your care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) The willingness of hospital staff to listen to your problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Hospital staff responding to your problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) How well the purpose of medicines was explained to you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) How well the possible side-effects of medicines was explained to you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Please mark one box for each item.
If a question does not apply to you, please mark the "Does Not Apply" box.

Q18. Thinking about THE PHYSICAL ENVIRONMENT of the hospital, how would you rate:

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) Your <i>comfort</i> during your stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) <i>Cleanliness</i> of toilets and showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The <i>cleanliness</i> of the room where you spent most time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The temperature of <i>hot meals</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The <i>quality of food</i> overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The <i>quantity of food</i> overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) <i>Restfulness</i> of the hospital (amount of peace and quiet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) <i>Privacy</i> in the room where you spent most time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now some questions about the WAY THE HOSPITAL RESPONDED TO YOUR NEEDS.

Please mark one box for each item.
If a question does not apply to you, please mark the "Does Not Apply" box.

	YES	NO	NOT SURE	DOES NOT APPLY
Q19. Did the hospital staff encourage your feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q20. Were you aware that you could make a formal complaint in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q21. Did you have a reason to make a complaint during your stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22. Did you make a complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) IF YES, were you satisfied with the way your complaint was handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





WHEN YOU WERE DISCHARGED from hospital . . .

Please mark one box for each item.
If a question does not apply to you, please mark the "Does Not Apply" box.

	YES	NO	NOT SURE	DOES NOT APPLY
Q23. Were you told what activities you should or should not do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q24. Were you given written information about how to manage your condition/recovery at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q25. Were you told what to do if you had a problem or needed help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q26. Was a follow-up appointment made for you to see a doctor or go to an outpatient clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27. How would you rate the following aspects of your DISCHARGE?
(Please mark one box for each item)

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) The amount of time given to plan when you were going home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The convenience of the time of day you were discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The information you were given about how to look after your condition when you got home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The services and care arranged for you by the hospital when you got home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The explanation (by hospital staff) of the medicines you had to take after you left hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about YOUR OVERALL HOSPITAL EXPERIENCE.

Please mark one box for each item.

Q28. Thinking about all aspects of your hospital stay, how satisfied were you?
(Please mark one box)

- Very satisfied
- Fairly satisfied
- Not too satisfied
- Not satisfied at all
- Not sure





Q29. How much do you think you were actually helped by your stay in the hospital?

- Helped a great deal
- Helped quite a bit
- Helped somewhat
- Helped a little
- Not helped at all
- Not sure

Q30. Was the length of time you spent in hospital . . . ?

- About the right amount of time
- Time was too short
- Time was too long
- Not sure

Q31. Did anything happen during your stay in the hospital, good or bad, that you thought was surprising or unexpected?

(Please write your response on the lines below)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Q32. Is there anything the hospital could do to improve the care and services provided to better meet the needs of patients?

(Please write your response on the lines below)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....





Q33. If you gave your consent for a medical or surgical procedure, were you given sufficient information by the hospital staff to make an informed decision?

- Yes - received sufficient information
- No - did not receive sufficient information
- Not applicable - did not have a medical or surgical procedure

Q34. Did hospital staff talk with you about providing information about your care to your GP/community health service provider?

- Yes
- No
- Unsure/Can't remember

Q35. How would you rate the hospital on...

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) How you were involved in your discharge plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How your carer/family was involved in your discharge plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Provision of follow up services after discharge, if any, (eg. Physiotherapy, outpatient clinics, etc).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now there are some questions about you (the patient).
These questions help us make sure we have an accurate sample of patients.
This information will remain confidential but will be valuable in assessing results for the hospital.**

Q36. Including your stay to which you have been referring, how many times have you been admitted to any hospital over the last 12 months?

Times

Q37. Are you male or female?

- Male
- Female

Q38. To which age group do you belong?

- Under 18 years
- 18 – 24 years
- 25 – 34 years
- 35 – 49 years
- 50 – 64 years
- 65 – 79 years
- 80 years or over

Q39. In which country were you born?

- Australia
- U.K.
- New Zealand
- Greece
- Italy
- Other - please specify:

+

+

+

Q40. Are you of Aboriginal or Torres Strait Islander origin?

- No
 Yes - Torres Strait Islander
 Yes - Aboriginal
 Yes - both Aboriginal and Torres Strait Islander

Q41. Are you of Australian South Sea Islander ancestry?

- Yes
 No

Q42. Do you speak a language *other than English* at home?

- Yes - please specify: 2
 No

Q43. For your stay in hospital earlier this year, were you *treated* as a:

- Public or Medicare patient
 Motor Vehicle Insurance (MVI) patient
 Private patient
 Department of Veterans Affairs (DVA) patient
 WorkCover patient
 Other - please specify: 3

Q44. Did you have someone to care for you when you got home?

- Yes
 No
 Didn't need help

Q45. Did the patient complete this survey?

- Yes - Patient completed survey by themselves
 Yes - But patient completed the survey with help from someone else
 No - Someone completed this survey for patient

Thank-you for completing this survey. Please check that you have answered all questions.

Place the completed survey in the "Reply Paid" envelope and put it in the mail.

You do not have to use a stamp.

If you have misplaced the "Reply Paid" envelope, just use a plain envelope.

The address to write on the plain envelope is:

**Roy Morgan Research Pty Ltd
 Reply Paid 2282
 Melbourne VIC 8060**

Again, thank you for your assistance.

This feedback will help the hospital to improve its services for patients.

OFFICE USE ONLY		
1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

+