

To help us to improve the level of service we provide in the care of our patients, we would appreciate your time to complete this questionnaire and return in the prepaid envelope. Thank you for your assistance.



Agree



Disagree

If ☹️, how could this be improved?

1. The Preadmission Booklet provided me with helpful information to prepare for my admission			
2. The Booklet's forms were easy to understand and complete			
3. The reception staff were friendly, efficient and courteous			
4. During my stay the nurses were caring, supportive and attentive			
5. My privacy and dignity were respected at all times			
6. All my questions were answered and I/my carer was given clear post operative instructions			
7. I managed well at home following my discharge			
8. I found the facility clean and well maintained			
9. I felt included in the decision making process regarding my care			
10. I would recommend Aesthetic Day Surgery to others			

Comments

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Patient Name (Optional):

Month of issue: ____/____

(Date returned: _____)