

INPATIENT REHABILITATION SATISFACTION SURVEY



Thank you for allowing us to take care of you. Please complete this confidential survey on your recent inpatient rehabilitation experience.

Please circle the response that best reflects your experience on a scale of 1-5.

1 = very poor 2 = poor 3 = fair 4 = good 5 = very good

REHABILITATION PHYSICIAN

This is the rehabilitation doctor who took care of you during your inpatient rehabilitation stay

Treated you with courtesy and respect	1	2	3	4	5
Kept you informed about your treatment and progress in a way you understood	1	2	3	4	5
Explained your discharge plan and any future follow-up care	1	2	3	4	5
Listened carefully to you	1	2	3	4	5

INTERNAL MEDICINE OR HOSPITALIST PHYSICIAN

This is the medical doctor who took care of you during your inpatient rehabilitation stay. If you did not have this doctor, please skip this section.

Treated you with courtesy and respect	1	2	3	4	5
Kept you informed about your treatment and progress in a way you understood	1	2	3	4	5
Explained your discharge plan and any future follow-up care	1	2	3	4	5
Listened carefully to you	1	2	3	4	5

NURSING CARE

Treated you with courtesy and respect	1	2	3	4	5
Call bell/call light response time	1	2	3	4	5
Rounded or checked on you every hour while awake	1	2	3	4	5
Kept you informed on your treatment and progress in a way you understood	1	2	3	4	5
Trained you on caring for yourself at home (including medications)	1	2	3	4	5
Explained your discharge plan	1	2	3	4	5
Overall quality on day shift (7a-7p)	1	2	3	4	5
Overall quality on night (7p-7a)	1	2	3	4	5

PHYSICAL THERAPY

Treated you with courtesy and respect	1	2	3	4	5
Explained your treatment and progress in a way you understood	1	2	3	4	5
Included you when setting your physical therapy goals	1	2	3	4	5
Helped you to meet your goals	1	2	3	4	5
Provided you training for discharge	1	2	3	4	5

OCCUPATIONAL THERAPY

Treated you with courtesy and respect	1	2	3	4	5
Explained your treatment and progress in a way you understood	1	2	3	4	5
Included you when setting your occupational therapy goals	1	2	3	4	5
Helped you to meet your goals	1	2	3	4	5
Provided you training for discharge	1	2	3	4	5

Please circle the response that best reflects your experience on a scale of 1-5.

1 = very poor 2 = poor 3 = fair 4 = good 5 = very good

SPEECH THERAPY (leave blank if you did not receive speech therapy)

Treated you with courtesy and respect	1	2	3	4	5
Explained your treatment and progress in a way you understood	1	2	3	4	5
Included you when setting your speech goals	1	2	3	4	5
Helped you to meet your goals	1	2	3	4	5
Provided you training for discharge	1	2	3	4	5

SOCIAL WORKER/DISCHARGE PLANNER

Treated you with courtesy and respect	1	2	3	4	5
Provided support and education regarding your needs and rehabilitation process	1	2	3	4	5
Assisted with coordination of and discharge planning needs	1	2	3	4	5

OVERALL

How well your pain was managed	1	2	3	4	5
Staff concern for your privacy	1	2	3	4	5
Feeling safe and secure	1	2	3	4	5
Staff giving you encouragement	1	2	3	4	5
Daily cleaning of room	1	2	3	4	5
Noise level in and around your room	1	2	3	4	5
Likelihood of recommending our inpatient rehabilitation program to others	1	2	3	4	5

SUMMARY

Overall rating of your care	1	2	3	4	5
-----------------------------	---	---	---	---	---

COMMENTS

PATIENT INFORMATION - OPTIONAL

Patient name: _____ Contact information: _____

Name of person filling out this form, if not the patient: _____

Relationship to patient: _____