

## McLaren Print System Order

Order No: 77698  
 Order Date: 2023-06-07  
 User: Alison Tyslicky  
 Phone: 9896676642

Ship Location: Shannon Sequin  
 3250 e midland rd  
 Bay City, Mi 48706

Brochures  
 Quantity: 200  
 Paragon Dept No: 27410  
 Dept Name: lp rehab  
 Company Number: 10

Order Total Price: 41.80

Item Number: MHCC-580  
 Item Description: Patient Satisfaction Survey  
 Revision Date: 01/2023  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Poster:  
 Misc Info: 8.5x11, DS, Bleed, Color, 80# Text

### 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  
 Did you get 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

Spec Info: