

**McLaren Print System Order**

**Order No: 88824**  
**Order Date: 2024-10-09**  
**Order Request Date:**  
**User: John Prueter**  
**Phone: 9896676898**

**Ship Location: Bay 1 NW Rehabilitation ATTN:John**  
**3250 E. Midland RD**  
**bay city, MI 48706**

**Brochures**  
**Quantity: 200**  
**Paragon Dept No: 30000**  
**Dept Name: McLaren Bay Inpatient rehab**  
**Company Number:**

**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  
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

**Spec Info:**