

**BLACKFEET COMMUNITY HOSPITAL  
 "WE CARE SURVEY"**

*How Do You Feel About the Services  
 Provided to You Today in the:*

**DEPARTMENT**

<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Unsatisfactory</b>
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<b>Healthcare Provider Rating:</b>				
1. Please Rate the Nurse				
2. Please Rate the Doctor/Provider				
3. Rate Overall Service provided				

<b>Hospital-Wide Rating</b>				
1. Inside Appearance				
2. Outside Appearance				

<b>Hand Hygiene: Circle Yes, No or N/A (Not Applicable)</b>									
Did staff clean hands with soap or alcohol rub:	<b>Nurses</b>			<b>Medical Staff</b>			<b>Other Staff</b>		
1. BEFORE touching patient	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
2. AFTER touching patient	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
3. Didn't notice	Yes	No		Yes	No		Yes	No	

Did you notice anything during your visit that you felt was unsafe?  No  Yes if so, explain on back.

Comments (use back of form if needed)

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. This time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the times estimate(s) or suggestions for improving this form, please write to U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention, PRA Reports Clearance Officer.*