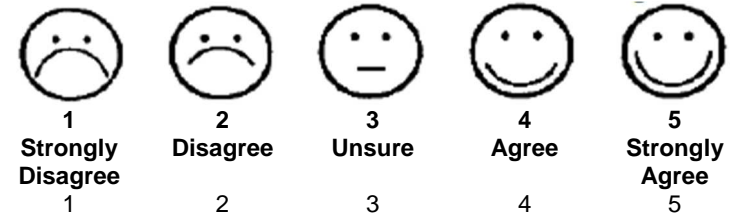


Special Care Unit (SCU) Patient Experience Survey

Male: _____ Female: _____ Age: _____

Date of Discharge: _____

Please rate the following statements using numbers 1-5 based on this scale. Circle your answers.



- | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|----|
| 1. I would recommend this hospital to my family and friends. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 2. Usually, my health is good. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 3. I am sure I can take care of my health. (T'áá hwó'ají t'éego) | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 4. Overall, I was pleased with how my pain was treated. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 5. I felt safe during my stay at Chinle Hospital. <input type="checkbox"/> Check box if no pain | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 6. The staff was polite and treated me and my family with respect. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 7. The SCU was clean and well maintained. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 8. The nurses explained my illness, medications, treatments, and plan of care. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 9. The staff was prompt in responding to alarms and requests for assistance | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 10. I was pleased with the care I received from the nursing staff. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 11. I was pleased with the care I received from the doctors. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 12. The nurse/therapist asked me my name before giving any medications. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 13. The nurse/therapist checked my wristband before giving any medications. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 14. The nurse and/or lab tech asked me my name before drawing blood. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 15. The nurse and/or lab tech check my wristband before drawing blood. | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 16. Using a number from 0-10, where 0 is the worst possible and 10 is the best possible, what number would you choose to rate all your health care during your hospital stay? (circle one) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

What did we do well? _____

What can we do better?

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. The time required to complete this information collection is estimated to average 6 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 time 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.