






## Adult Care Unit (ACU) Patient Experience Survey

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

| <i>Please rate the following statements using numbers 1-5 based on this scale. Circle your answers.</i>   | <br><b>1</b><br><b>Strongly Disagree</b> | <br><b>2</b><br><b>Disagree</b> | <br><b>3</b><br><b>Unsure</b> | <br><b>4</b><br><b>Agree</b> | <br><b>5</b><br><b>Strongly Agree</b> |   |   |   |   |   |    |
|---|---|---|--|---|--|---|---|---|---|---|----|
| 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.<br><input type="checkbox"/> Check box if no pain  | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 5. I felt safe during my stay at Chinle Hospital.   | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 6. The staff was polite and treated me and my family with respect.  | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 7. My room was regularly kept clean and organized.  | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 8. The nurses explained medications, my illness, treatment and plan of care.  | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 9. The staff answered my call light within 1-2 minutes.   | 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 asked me my name before giving any medications.   | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 13. The nurse 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. I felt ready for discharge from the hospital.   | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 17. I was pleased with the speed of discharge process from the hospital.  | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 18. I was given instructions how to care for myself at home.  | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 19. After talking to the pharmacist, I clearly understood the purpose of taking each of my medication.  | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 20. I can repeat what the pharmacist told me about my medications.  | 1   | 2   | 3  | 4   | 5  |   |   |   |   |   |    |
| 21. 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? | 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.