






## Pediatric Care Unit (PCU) Patient Experience Survey

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Patient's Age: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

<i>Please rate the following statements using numbers 1-5 based on this scale.</i>	 1 Strongly Disagree	 2 Disagree	 3 Unsure	 4 Agree	 5 Strongly Agree	N/A
1. I (parent/caregiver) would recommend the Pediatric Care Unit (PCU) to my family and friends.						
2. Usually, my child's health is good.						
3. I am sure I (parent/caregiver) can take care of my child's health.						
4. <b>PAIN:</b> Overall, I (parent/caregiver) was pleased with how my child's pain was treated.						NO PAIN
5. <b>SAFETY:</b> I felt my child was safe during his or her stay at Chinle Hospital.						
6. <b>POLITENESS:</b> The staff was polite and treated my child and my family with respect.						
7. <b>ENVIRONMENT:</b> My child's room was regularly kept clean and organized.						
8. <b>LISTENING TO PATIENT/FAMILY CONCERNS:</b> The staff listened when I (parent/caregiver) talked with them about my child.						
9. <b>ANSWERING THE CALL LIGHT:</b> When I (parent/caregiver) put on the call light, the nurses answered it quickly. 1-2 minutes, 3-5 minutes, or 6 minutes or greater.						
10. <b>EXPLANATION OF TESTS &amp; PROCEDURES:</b> The nurses/doctors explained tests and procedures before they were done.						
11. <b>PATIENT RIGHTS:</b> The staff gave me (parent/caregiver) and my family information about my rights as the patient's (parent/caregiver).						
12. <b>CARE AFTER HOSPITALIZATION:</b> The nurses and doctors explained what I (parent/caregiver) have to do to care for myself/child at home and when he or she has an appointment.						
13. <b>EDUCATION AND TEACHING:</b> While in the hospital, the nurses and doctors explained medications, illness, treatments, place of care, and discharge plans.						
14. <b>OVERALL ATTITUDE TOWARDS NURSING CARE:</b> While in the hospital, I (parent/caregiver) was pleased with the care my child received from the nurses.						
15. <b>MEDICATION:</b> The staff informed me (parent/caregiver) or my family of the benefits and risks of the medication my child is taking.						

16. <b>ENVIRONMENT:</b> The noise level on the PCU was appropriate.							
17. <b>CULTURAL/TRADITIONAL VALUES:</b> I (parent/caregiver) felt that the PCU staff respected my cultural values & beliefs.							
18. <b>PATIENT IDENTIFICATION:</b> The nurse used at least two (2) different way of identifying my child, whenever medication or treatment was provided.							
19. Using a number from 0-10, where 0 is the worst possible and 10 is the best possible, what number would you (parent/caregiver) choose to rate all your health care during your hospital stay? (circle one)      1   2   3   4   5   6   7   8   9   10							

What did we do well? \_\_\_\_\_

What can we do better? \_\_\_\_\_

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