






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>	 1 Strongly Disagree	 2 Disagree	 3 Unsure	 4 Agree	 5 Strongly Agree						
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. <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? _____

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