Special Care Unit (SCU) Patient Experience Survey

Male:		Date of Discharge:					
	Please rate the following statements using numbers 1-5 based on this scale. Circle your answers.	1 Strongly Disagree	2 Disagree	3 Unsure	4 Agree	5 Strongl Agree	
1. I	would recommend this hospital to my family and friends.	1	2	3	4	5	
2. U	Isually, 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. O	overall, I was pleased with how my pain was treated.	1	2	3	4	5	
5. I	Check box if no pain felt safe during my stay at Chinle Hospital.	1	2	3	4	5	
6. T	he staff was polite and treated me and my family with respect.	1	2	3	4	5	
7. T	he SCU was clean and well maintained.	1	2	3	4	5	
8. T	he nurses explained my illness, medications, treatments, and plan of care.	1	2	3	4	5	
9. T	he 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. T	he nurse/therapist asked me my name before giving any medications.	1	2	3	4	5	
13. T	he nurse/therapist checked my wristband before giving any medications.	1	2	3	4	5	
14. T	he nurse and/or lab tech asked me my name before drawing blood.	1	2	3	4	5	
15. T	he nurse and/or lab tech check my wristband before drawing blood.	1	2	3	4	5	
	Ising a number from 0-10, where 0 is the worst possible and 10 is the best poss uring your hospital stay? (circle one)	ible, what numb	er would you	ı choose to ra	ate all your he	alth care	
d	0 1 2 3 4 5 6	7 8 9	10				

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.