






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. PAIN: Overall, I (parent/caregiver) was pleased with how my child's pain was treated.						NO PAIN
5. SAFETY: I felt my child was safe during his or her stay at Chinle Hospital.						
6. POLITENESS: The staff was polite and treated my child and my family with respect.						
7. ENVIRONMENT: My child's room was regularly kept clean and organized.						
8. LISTENING TO PATIENT/FAMILY CONCERNS: The staff listened when I (parent/caregiver) talked with them about my child.						
9. ANSWERING THE CALL LIGHT: 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. EXPLANATION OF TESTS & PROCEDURES: The nurses/doctors explained tests and procedures before they were done.						
11. PATIENT RIGHTS: The staff gave me (parent/caregiver) and my family information about my rights as the patient's (parent/caregiver).						
12. CARE AFTER HOSPITALIZATION: 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. EDUCATION AND TEACHING: While in the hospital, the nurses and doctors explained medications, illness, treatments, place of care, and discharge plans.						
14. OVERALL ATTITUDE TOWARDS NURSING CARE: While in the hospital, I (parent/caregiver) was pleased with the care my child received from the nurses.						
15. MEDICATION: The staff informed me (parent/caregiver) or my family of the benefits and risks of the medication my child is taking.						

16. ENVIRONMENT: The noise level on the PCU was appropriate.						
17. CULTURAL/TRADITIONAL VALUES: I (parent/caregiver) felt that the PCU staff respected my cultural values & beliefs.						
18. PATIENT IDENTIFICATION: 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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