

**Moses Cone Health System
The Rehabilitation Center
Patient/Family Satisfaction Survey**

Dear Rehab Patient or Family Member:

Before you are discharged, we hope you will take a few minutes to fill out this confidential survey. We appreciate your cooperation in helping us determine how well we are meeting our patients' needs and how we can improve our services.

Please circle the answer that best describes your overall rating of the following:

1) How accurately you were informed about the Rehabilitation Center before admission

Excellent Very good Good Fair Poor

2) The comfort of your room

Excellent Very good Good Fair Poor

3) The quietness of your room

Excellent Very good Good Fair Poor

4) The privacy you received

Excellent Very good Good Fair Poor

5) The nursing care you received on Rehab

Excellent Very good Good Fair Poor

6) The staff's response to call lights

Excellent Very good Good Fair Poor

7) The staff's attention to your personal/special needs

Excellent Very good Good Fair Poor

8) How well your pain was managed

Excellent Very good Good Fair Poor

9) The Rehab therapists' care

Excellent Very good Good Fair Poor

10) The Rehab Doctors' and Physician Assistants' care

Excellent Very good Good Fair Poor

(Over)

11) How informed you were about your health condition and progress

Excellent Very good Good Fair Poor

12) How well you / your family's questions were answered by the staff

Excellent Very good Good Fair Poor

13) The degree to which you were involved in making decisions about your care

Excellent Very good Good Fair Poor

14) How well we worked with you to accomplish your goals

Excellent Very good Good Fair Poor

15) How prepared or educated you are for your discharge

Excellent Very good Good Fair Poor

16) How you would rate the overall quality of the care you received

Excellent Very good Good Fair Poor

17) The degree to which you were treated with dignity and respect

Excellent Very good Good Fair Poor

18) The degree to which you would recommend the Rehabilitation Center to family
or friends as a place to receive quality care

Excellent Very good Good Fair Poor

What could have been done differently to make your stay here more satisfying?

What did you like best about the Rehab Center? _____

Is there anything you would like to have been informed of prior to coming to Rehab?

If you would like for someone to follow-up with you regarding your stay, please include a contact number below.

Signature (optional) _____ *Phone Number:* _____

*Please seal the completed survey in the envelope and leave it in your room.
For confidentiality you may drop it in the survey box at the front desk.*