



**Centre Hospitalier de Gourdon**  
**Avenue Pasteur**  
**46 300 GOURDON**

**Patient Satisfaction Questionnaire, Gourdon hospital**

*Your feedbacks will help us to improve the quality of our services.  
 Please complete this questionnaire (including your name or anonymously) and give it to a nurse,  
 another member of staff  
 or return it to the attention of the General Manager.*

SURNAME - Name : .....

**HOSPITALIZATION SERVICE : HOSPITALISATION DE JOUR MEDICO-CHIRURGICALE**

		Very pleased	Pleased	Dissatisfied	Very dissatisfied	Not concerned
<b>Reception</b> 	Admissions Office	<input type="checkbox"/>				
	Medical Ward	<input type="checkbox"/>				
<b>Waiting time</b> 	Medical Ward	<input type="checkbox"/>				
	Operating Room	<input type="checkbox"/>				
<b>Quality of care</b> 	Medical team	<input type="checkbox"/>				
	Care team	<input type="checkbox"/>				
	Pain relief	<input type="checkbox"/>				
<b>Staff availability</b> 	Medical Team	<input type="checkbox"/>				
	Care team	<input type="checkbox"/>				
<b>Respect for...</b> 	Dignity	<input type="checkbox"/>				
	Privacy	<input type="checkbox"/>				
	Religious beliefs	<input type="checkbox"/>				
<b>Accommodation</b> 	Comfort	<input type="checkbox"/>				
	Cleanliness	<input type="checkbox"/>				

**Please turn over**

<b>Catering</b>		Very pleased	Pleased	Dissatisfied	Very dissatisfied	Not concerned
	Quality	<input type="checkbox"/>				
	Quantity	<input type="checkbox"/>				
	Presentation	<input type="checkbox"/>				
	Temperature	<input type="checkbox"/>				
	Assistance with meals	<input type="checkbox"/>				
<b>Conveniences at your disposal</b>						
	Television	<input type="checkbox"/>				
<b>The quality of information provided by ...</b>						
	Clinical staff	<input type="checkbox"/>				
	Nursing staff	<input type="checkbox"/>				
	Administration staff (admission, standard, ...)	<input type="checkbox"/>				
<b>Nuisances</b>						
		Yes		No		Not concerned
	Noise	<input type="checkbox"/>				
	What kind ? :	..... .....				
<b>Your departure</b>						
	Were you adequately assisted ?	<input type="checkbox"/>				
	Are you satisfied with the explanations ?	<input type="checkbox"/>				
<b>Your overall opinion</b>	Are you satisfied about your stay ?	<input type="checkbox"/>				

❖ Your comments :

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.....  
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❖ Your suggestions :

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.....  
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**Thank you for your time**