FB V 029-07/18

Patient Questionnaire

Your Inpatient Treatment in Our Specialist Hospital

Dear Ladies and Gentlemen,

In order to learn about and remedy, as far as possible, any existing deficiencies or even mistakes that might occur in the pursuit of our service, which is dedicated entirely to the patients entrusted into our comprehensive care, we would like you to complete this Questionnaire at the end of your stay in our hospital.

Gender	☐ male	☐ female		
Age	☐ under 25 years	☐ under 50 years	☐ under 65 years	☐ 65 years and older
In which unit were you treated?	☐ C-0 ☐ A-2	☐ C-1 ☐ A-3	☐ C-2 ☐ ITS	☐ A-1 ☐ Sleep Lab
How long are you staying / did you stay with us?	☐ 1 - 3 days	☐ up to 2 weeks	☐ up to 4 weeks	☐ more than 4 weeks

	excellent	**good**	**satisfactory**	**poor**
How do you assess the waiting time in the unit until you could move into your hospital room?	☐	☐	☐	☐
How do you assess the level of information provided by our physicians for your treatment and/or your treatment options?	☐	☐	☐	☐
Were sufficient medical consultations possible with you / your relatives?	☐	☐	☐	☐
When you asked a nurse a question, did you get any friendly and helpful answer?	☐	☐	☐	☐
How do you assess the overall nursing care you received?	☐	☐	☐	☐
How do you assess, in general, the personal attention you got from our hospital staff?	☐	☐	☐	☐
How do you assess the cleanliness in our hospital?	☐	☐	☐	☐
How would you assess the quality of our meals?	☐	☐	☐	☐
How do you assess the overall quality of our hospital's service, e.g. the furnishing and design of the patient rooms?	☐	☐	☐	☐

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How well did you get around in our hospital? How do you assess the quality of the signs in the hospital and/or on the hospital premises?	☐	☐	☐	☐

What is your opinion of the waiting times and the friendliness in the following areas?

(Please put a cross where applicable: 0 = no assessment; 1 = excellent; 2 = good; 3 = satisfactory; 4 = poor)

	Waiting Time	Friendliness
Patient Admission at the Main Entrance	❶❷❸❹	❶❷❸❹
Reception Desk	❶❷❸❹	❶❷❸❹
Administration	❶❷❸❹	❶❷❸❹
Social Services	❶❷❸❹	❶❷❸❹
Lung Function/ECG	❶❷❸❹	❶❷❸❹
Test Lab	❶❷❸❹	❶❷❸❹
Bronchology	❶❷❸❹	❶❷❸❹
X-Ray/CT	❶❷❸❹	❶❷❸❹
Ultrasound	❶❷❸❹	❶❷❸❹
Physiotherapy	❶❷❸❹	❶❷❸❹

	yes	no
Would you recommend our hospital to your family or your friends?	☐	☐

What would you change or modify in the hospital? Do you have any wishes or suggestions?

_____

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Please either give the Questionnaire to our staff at the Reception Desk, or drop it into the special "Patient Questionnaire" box which is located next to the Reception Desk in the entrance area of the main hospital building.
We would, of course, always be happy to answer your questions in person.

Your Hospital Management