

Patient Experience Survey Template

Thank you for taking the time to share your experience with us. Your feedback is instrumental to helping us provide the highest quality care. Please feel free to skip any questions you do not feel comfortable answering.

For Organization Use:

For Patient Use: *(optional)*

Organization Name		Was this your first experience with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department and Department ID #		Length of Stay	<input type="checkbox"/> < 1 day <input type="checkbox"/> < 3 days <input type="checkbox"/> < 7 days <input type="checkbox"/> < 14 days <input type="checkbox"/> > 14 days

Rating Scale

For each aspect of your patient experience evaluated on this form, select the rating that best describes your care team's performance.

5. Strongly Agree: This rating indicates that the care you received exceeded your expectations and requirements, going above and beyond to ensure you had the best care experience possible.

4. Agree: This rating indicates that the care you received met your expectations and requirements, contributing to a mostly satisfactory care experience while leaving some opportunity for improvement.

3. Neutral: This rating indicates that the care you received did not contribute to feelings of satisfaction or dissatisfaction with your care experience.

2. Disagree: This rating indicates that the care you received did not meet all your expectations and requirements, leaving you dissatisfied with some aspects of your care experience.

1. Strongly Disagree: This rating indicates that the care you received met none of your expectations or requirements, contributing to an overall negative care experience.

Patient Experience Feedback Survey

Your Patient Experience	Rating	Comments
The admission/check-in process was easy.		
I didn't have to wait long to start receiving care.		

The staff made me feel welcomed.		
People introduced themselves with their name and their job title.		
My room (and the rest of the facility) was clean.		
My comfort was a priority.		
All my care (tests and treatments, for example) was explained to me in a way I understood.		
The doctors and nurses explained things in a way I understood.		
I was never confused about my care.		
My care team knew how to do their jobs well.		
I felt safe throughout my care experience.		
When I needed assistance, help was given in a timely manner.		
All my needs were met throughout my stay.		
My care team listened to me and cared about me.		
Everyone treated me with empathy and respect.		
My discharge instructions and follow-up care requirements were clear.		

Would you recommend us to your family and friends?

Comments:

Any Additional Feedback About Your Patient Experience?

Comments:

Thank you for your feedback! This patient experience survey was completed on **[date]**.