



HERMITAGE MEDICAL CLINIC

CONFIDENTIAL PATIENT COMMENT CARD

Having your pre-assessment with us at the Hermitage Medical Clinic was our pleasure. Please take the time to enable us to make this a more comfortable, professional and efficient hospital by completing this comment card.

Please tick if you would like to be contacted regarding comments raised.

Name:

Address:

Tel:

Email:

Thank you for taking the time
to complete this survey
www.hermitageclinic.ie



Please be aware that if you choose to complete the details in this form, your name and responses may be stored in a database for the purpose of tracking the responses in our system. If you choose to complete the details above, this will be considered as an explicit authorization from you that such information may be stored for the purposes indicated.

Version Number: HMC/QA/SUR/002



Consultant:

Procedure:

Date:

1. Staff were caring and compassionate towards me:

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Staff communicated the plans for my care:

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I was supplied with necessary information upon admission.

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I was happy with the level of care provided by my doctor:

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Staff washed their hands before and after my treatment:

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The catering service was appropriate and timely:

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I was provided with a good quality and choice of food:

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. My privacy was respected and my dignity maintained at all times:

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

Worst 0 1 2 3 4 5 6 7 8 9 10 Best

Circle the appropriate number

10. Would you recommend the Hermitage Medical Clinic to your friends and family?

Definitely	Mainly yes	It depends	Mainly not	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please outline any aspect of your stay that exceeded your expectations

Please outline any aspect of your stay that was disappointing.
