B 52

Room No. 1416 Date completed 12.06. 2020 / 1

*Thank you*

**for taking the time to complete our Patient Satisfaction Survey.**
**Your opinion and comments are important to us and will be definitely taken into consideration.**

***Please rate your level of satisfaction with the following aspects of the care you have received at our hospital from 1 to 5.***

| Does the level of care provided meet your expectations? Criteria: | | | | Your comments if you rate from 1 to 3 |
|---|---|---|---|---|
| **DEPARTMENT** | **Clear explanation of medical treatment provided** | **Promptness in responding** | **Attitude towards patients (Compassionate and caring)** | |
| | **From 1 to 5** | **From 1 to 5** | **From 1 to 5** | |
| Obstetrics | 5+ | 5+ | 5+ | |
| Neonatal Intensive Care | 5+ | 5+ | 5+ | |
| Anesthesiology and Intensive Care | 5+ | 5+ | 5+ | |
| Gynecologic Surgery | 5+ | 5+ | 5+ | |
| High-Risk Pregnancy | 5+ | 5+ | 5+ | |

| Are you satisfied with the professional services provided by other hospital staff? Criteria: | | | | Your comments if you rate from 1 to 3 |
|---|---|---|---|---|
| **OTHER HOSPITAL STAFF** | **Professionalism** | **Promptness in responding** | **Attitude towards patients (Compassionate and caring)** | |
| | **From 1 to 5** | **From 1 to 5** | **From 1 to 5** | |
| Reception staff | 5 | 5 | 5 | |
| Personnel of the restaurant | 5 | 5 | 5 | |
| Housekeeping and cleaning staff | 5 | 5 | 5 | |

| HOW ARE YOU SATISFIED WITH THE FOLLOWING? | | | | Your comments if you rate from 1 to 3 |
|---|---|---|---|---|
| **Room services during your hospital stay** | **From 1 to 5** | **Quality of healthy food** | **From 1 to 5** | |
| Cleanliness | 5 | Taste | 5 | |
| Comfort | 5 | Appearance | 5 | |
| Furniture and equipment | 5 | Serving size | 5 | |

***How did you hear about LELEKA Maternity Hospital?***

| | | |
|---|---|---|
| ***Would you recommend LELEKA Maternity Hospital to your friends and colleagues?*** | (YES) | **NO** |
| ***Do you give your permission to publish your comments and feedback regarding the services and care provided by LELEKA Maternity Hospital on the hospital website?*** | (YES) | **NO** |
| ***Is the quality of the medical care justified?*** | (YES) | **NO** |

***Your suggestions/comments/thank-you note:***

YOU HELPED US TO BE HAPPY, THANK YOU!

***Your full name*** [redacted] ALEXANDRA