

Room No. 2203

Date completed

18.08.21

2020

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.

DEPARTMENT of trop Fro Obstetrics Neonatal Intensive Care Anesthesiology and Intensive Care Gynecologic Surgery High-Risk Pregnancy Are you satisfied with the profes OTHER HOSPITAL STAFF Reception staff Personnel of the restaurant Housekeeping and cleaning staff HOW ARE YOU SATISFIED Room services during your hospital stay Cleanliness Comfort Furniture and equipment How did you hear about LELEK.	Clear collanation medical catment rovided om 1 to 5 5 5 ssional servicessionalism om 1 to 5 5	Promptness in responding From 1 to 5 S S Ces provided by other Criteria: Promptness in responding From 1 to 5	Attitude towards patients (Compassionate and caring) From 1 to 5 5 5 r hospital staff? Attitude towards patients (Compassionate and caring) From 1 to 3	Your comments if you rate from 1 to 3
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Cleanliness Comfort Furniture and equipment How did you hear about LELEK	WITH THE			Your comments
Comfort Furniture and equipment How did you hear about LELEK	om 1 to 5	Quality of healthy food	From 1 to 5	if you rate from 1 to 3
Furniture and equipment How did you hear about LELEK	5	Taste	5	
How did you hear about LELEK	5	Appearance		
	5	Serving size	5	
		Nen	ADDE (JULIA).
Would you recommend LELEKA colleagues?	Maternity H	lospital to your friend	(YES)	NO
Do you give your permission to p regarding the services and care p on the hospital website?	2.7			NO
Is the quality of the medical care	justified?		YES	NO
Your suggestions/comments/than	k-you note:			
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Your full name

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