

Mt. Washington Pediatric Hospital Feeding Day Treatment Program Satisfaction Survey

We thank you in advance for completing this survey. Your feedback is very important to us. When you have finished, please mail it in the enclosed self-addressed stamped envelope.

1= Very Poor
2=Poor
3=Fair
4=Good
5=Very Good

Pre-Admission Process

Ease of getting appointment for initial evaluation	1	2	3	4	5
Information you received prior to admission (questionnaires, welcome letter, etc.)	1	2	3	4	5
Helpfulness of the person handling insurance authorization process	1	2	3	4	5
Helpfulness of Program Coordinator	1	2	3	4	5
Promptness in returning your telephone calls	1	2	3	4	5

Comments: _____

Facility

Comfort of the waiting area	1	2	3	4	5
Attractiveness of the Feeding Day Program	1	2	3	4	5
Cleanliness of the Feeding Day Program	1	2	3	4	5
Convenience of parking	1	2	3	4	5
Ease of finding your way around the hospital	1	2	3	4	5
Satisfaction with the playroom	1	2	3	4	5

Comments: _____

Staff/Care Received

Our concern for your privacy	1	2	3	4	5
Degree to which your child's pain was assessed	1	2	3	4	5
Response to concerns/complaints made during your child's admission	1	2	3	4	5
Degree of safety and security you felt in our feeding program	1	2	3	4	5
Friendliness/courtesy of the staff	1	2	3	4	5
Staff effort to include you in decisions about your child's treatment	1	2	3	4	5
Degree to which your child's primary therapist met your child's needs	1	2	3	4	5

Comments: _____

Overall Satisfaction					
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Overall rating of care received during admission	1	2	3	4	5
Degree to which staff worked together	1	2	3	4	5
Likelihood of your recommending our Feeding Program to others	1	2	3	4	5
Likelihood of your returning to our Feeding Program for follow-up care	1	2	3	4	5
Comments: _____					

Circle the word that **best** describes how you feel.

I am satisfied with my child's progress in this program.

Agree somewhat agree neutral somewhat disagree disagree

My child and my family were treated well during this admission.

Agree somewhat agree neutral somewhat disagree disagree

Activities and schedules were well-coordinated.

Agree somewhat agree neutral somewhat disagree disagree

The team was sensitive to my family's needs and concerns.

Agree somewhat agree neutral somewhat disagree disagree

The feeding protocol is difficult to understand.

Agree somewhat agree neutral somewhat disagree disagree

I will be able to follow the feeding protocol at home.

Agree somewhat agree neutral somewhat disagree disagree

As a result of the treatment, my child can participate during family meals.

Agree somewhat agree neutral somewhat disagree disagree

All goals established for my child's treatment were achieved.

Yes (100%) Most (>90%) Much (70-90%) About half (50-70%) None (0%)

Thank you for your feedback! Please feel free to use this space for additional concerns, comments and feedback.