

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 Manager	1	2	3	4	5
Promptness in returning your telephone calls	1	2	3	4	5

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

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

Overall Satisfaction

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

Comments: _____

Please feel free to contact our Patient/Family Liaison, Michelle Hanover, at 410 578-2651 with additional concerns or questions. Thank you.