

## EXIT QUESTIONNAIRE

**Your age :**  18-24 years old  25-39 years old  40-59 years old  60- 75 years old  75 years old and over **Sex :**  M  F

**Department of residency:**  16  19  23  87  Others

**Entry date:**  **Exit date:**

**Hospitalization service:**  Maternity  Medicine A  Medicine B  Surgery B  SSR

**Was your consent for the care provided collected in writing:**  Yes  No

**HOW WOULD YOU JUDGE?**

	UNSATISFACTORY	SOMEWHAT SATISFACTORY	SATISFYIN	VERY SATISFACTORY
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HOW WOULD YOU JUDGE?	UNSATISFACTORY	SOMEWHAT SATISFACTORY	SATISFYIN	VERY SATISFACTORY
1/ Reception at the establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2/ Identification of the different people working in the department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3/ Respect for your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4/ Information given by the healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/ Information given by doctors/surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/ Information given by the anesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/ Information about your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8/ Doctor's Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9/ healthcare staff's Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 administrative staff's Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/ The clarity of doctors' answers to your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/ Courtesy and helpfulness of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13/ Staff availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14/ Obtaining help with normal everyday activities (meals, washing up, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/ Staff response time to requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16/ Waiting time for additional tests/examinations (e.g. x-rays, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17/ Overall handling of your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18/ in case of pain, your care has been	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NOT SATISFACTORY      UNSATISFACTORY      SATISFYING      VERY SATISFACTORY

**HOW WOULD YOU JUDGE?**

19/ Respect for your rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20/ Dietary advice given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21/ Respecting the choice of your menus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22/ The variety of dishes offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23/ Preparing for your departure (documents, transport, prescriptions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24/ Explanations given on the medications prescribed upon your discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25/ Information on possible activities after your outing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26/ Information on home help after your discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27/ During your hospitalization, was hydroalcoholic product available in the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28/ During your hospitalization, did the professionals who took care of you wear jewelry on your hands or wrists (bracelet, watch, ring, wedding band)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29/ Have you received information on hand hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30/ During your hospitalization, did the professionals who took care of you rub their hands with hydroalcoholic product before touching you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OVERALL: WHAT OVERALL RATING WOULD YOU ASSIGN TO THE ESTABLISHMENT**       0       1       2       3       4       5       6       7       8       9       10  
(FROM 0 = NOT SATISFIED TO 10 = VERY SATISFIED)?

**COMMENTS AND SUGGESTIONS ?**

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**Thank you for your participation**

