Patient-satisfaction-with-care questionnaire

Dear patient,

all employees of the Chirurgisches Klinikum München Süd would like to make your stay as pleasant as possible. Therefore your satisfaction and your opinion are very important to us. We would be very pleased if you could answer this questionnaire for us.

We would like to know, if you have enjoyed your hospital stay. Furthermore, we would like to ask you questions about the different areas of our hospital. Please tick the answer that describes your personal opinion and experience best. 1 means the best and 6 the worst.

Please submit your completed questionnaire at the end of your stay to our patient service / reception staff.

We thank you for your support and your efforts.

Dr. Clemens Guth
Managing Director

Tobias Weber
Managing Director

Questions with regard to the stay

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were you satisfied with us during your stay?</td>
<td>1 very satisfied, 2, 3, 4, 5, 6 not satisfied at all</td>
</tr>
<tr>
<td>2. In which department have you been treated?</td>
<td>trauma surgery, spinal surgery, cardiac surgery, vascular surgery, general and visceral surgery, sports orthopedics, endoprosthetics, spinal surgery at MVZ Stiglmaierplatz</td>
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<tr>
<td>3. At which station were you mainly accommodated in our house?</td>
<td>station 1, station 2, station 3, intensive, private</td>
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</tbody>
</table>
### Questions about medical care

4. Have your wishes and concerns been taken into account during your medical treatment? *e.g.: involvement, right to a say, inclusion of family members*

   - Yes, absolutely 1 2 3 4 5 6
   - Not at all

5. How was the treatment by our doctors with you? *e.g.: kindness, respectful approach, response to fears, responsiveness*

   - Very satisfied 1 2 3 4 5 6
   - Not satisfied at all

6. Have you been adequately informed by our doctors? *e.g.: information on treatment risks, medication, surgery, disease*

   - Very satisfied 1 2 3 4 5 6
   - Not satisfied at all

7. How do you rate the quality of medical care in our hospital? *e.g.: competence of doctors, modern treatment methods*

   - Very satisfied 1 2 3 4 5 6
   - Not satisfied at all

### Questions about nursing and radiological care

8. Have your wishes and concerns been considered by your nurses? *e.g.: involvement, right to a say, inclusion of family members*

   - Yes, absolutely 1 2 3 4 5 6
   - Not at all

9. How was the treatment by our nurses with you? *e.g.: kindness, respectful approach, response to fears, responsiveness*

   - Very satisfied 1 2 3 4 5 6
   - Not satisfied at all

10. Have you been adequately informed by our nurses? *e.g.: dealing with the disease, examinations, daily routine*

    - Very satisfied 1 2 3 4 5 6
    - Not satisfied at all

11. How do you rate the quality of nursing in our hospital? *e.g.: of the nurses, care according to the latest knowledge*

    - Very satisfied 1 2 3 4 5 6
    - Not satisfied at all

12. Did you have a radiological examination during your stay?

    - Yes 0
    - No 0

12.1. If so, how satisfied are you with our radiology?

    - Very satisfied 1 2 3 4 5 6
    - Not satisfied at all

13. Have you been in a physiotherapeutic treatment during your stay?

    - Yes 0
    - No 0

13.1. If so, how satisfied are you with our physiotherapy?

    - Very satisfied 1 2 3 4 5 6
    - Not satisfied at all
Questions about your hospital stay

14. Was the admission to our hospital quick and smoothly?  
   - Yes, absolutely  
   - not satisfied at all

15. How do you rate the service at the reception?  
   e.g.: friendliness, attention, general information/information by the reception staff  
   - very satisfied  
   - not satisfied at all

16. Did you have to wait often during your stay?  
   - not at all  
   - every time

17. How do you rate your accommodation and the ambience?  
   e.g.: room equipment, ambience dining room, hospital ambience in total  
   - very satisfied  
   - not satisfied at all

18. How do you assess the cleanliness of our hospital?  
   e.g.: hygiene and cleanliness in your room and in the hospital in general  
   - very satisfied  
   - not satisfied at all

19. How satisfied have you been with the food?  
   - very satisfied  
   - not satisfied at all

20. How do you assess the information transmission in our hospital?  
   e.g.: signposting, information transfer by the staff  
   - very good  
   - not satisfied at all

21. How well was your hospital discharge organized by our hospital?  
   - very good  
   - not satisfied at all
22. How did you come to know of our hospital? (Multiple answers possible)
- Reputation of the doctors
- Recommendation of the referring doctor
- Lectures, information events
- Special medical offer
- Press
- Internet
- Personal recommendation
- Others

23. Would you recommend the Chirurgisches Klinikum München Süd to your best friend? Yes, of course 1 2 3 4 5 6 not at all

24. What did you like in particular?

25. If you could improve something at the Chirurgisches Klinikum München Süd, what would it be?

Voluntary information
Name and address:
Date of stay:

Thanks for your support!