

(6) Other Information

Patient ()

Patient's relatives ()

Sex :

Male ()

Female ()

Admission through Accident & Emergency
Department?

Yes ()

No ()

Ward : _____

Length of stay (days) _____

If you have any suggestions about the hospital service, you are welcome to contact the Patient Relations Office in Room 43066A, 2/F, Main Block of the Prince of Wales Hospital or by hotline 2632 2433.

 Thank You 



**PLEASE
HELP
IMPROVE
OUR SERVICE**

**請協助
改善
服務**

After completing this questionnaire, please drop it into our suggestion box or mail it to us. Thank you.

填妥問卷後，請將問卷封口，然後放入意見箱，或郵寄本院。多謝合作。

Stamp
請貼郵票

Hospital Chief Executive
Prince of Wales Hospital
威爾斯親王醫院行政總監

30-32 Ngan Shing Street
Shatin, New Territories

Prince of Wales Hospital In-patient Opinion Survey

We are conducting a survey, your opinion will help us improve our services

Please “✓” the appropriate box

	Very Good (Strongly Agree)	Good (Agree)	Neutral (Not Applicable)	Bad (Disagree)	Very Bad (Strongly Disagree)
(1) Information Provision					
- Information on your clinical condition/ treatment plan/ disease progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Explanation on the use of drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Channel for feedback to hospital services or application for medical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Staff Performance					
- Did our staff offer professional and efficient treatment/ service according to your clinical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did our staff communicate adequately with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Are you satisfied with the attitude of our staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Do you appreciate the performance of our staff? Yes _____ Please specify name & rank _____ No _____					
- Other comments on performance of our staff including doctors, nurses, allied health staff (e.g. physiotherapists/ dietitians) or supporting staff (e.g. health care assistants/ phlebotomists) etc?					
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(3) Hospital Facilities & Environment					
- Food supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Linen supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Patient transportation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ward and ward toilet hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hospital and public toilet hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Signage and information desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Overall a comfortable and safe environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Overall Evaluation					
- The medical services and patient care in this admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- The administrative procedures in this admission (e.g. admission and discharge arrangement, payment service etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Other Comments _____					

(Please turn over)