

## Pediatric Feeding & Swallowing Service CLIENT SATISFACTION SURVEY

Please complete this form to help us develop our service to meet the needs of our clients.

## Where do you live (City)?:

## Where was surgery done?:

 $\pi$  Vancouver

 $\pi$  Victoria

 $\pi$  Other

## Please rate your satisfaction with the following:

Child's Name: (opi	tional)			
1. The Manual w	as readable and ea	sy to follow:		
very satisfied	satisfied	neutral	unsatisfied	very unsatisfied
5	4	3	2	1
Comments:				
2. The Tube Fe	eding Manual met y	our needs:		
very satisfied	satisfied	average	unsatisfied	very unsatisfied
5	4	3	2	1
Comments:				
3. We listened to	o your concerns, qu	estions and respo	nded with sensitivity:	
very satisfied	satisfied	neutral	unsatisfied	very unsatisfied
5	4	3	2	1
Comments:				
4. We responde	d to your concerns,	questions and ne	eds in a timely manne	er:
very satisfied	satisfied	average	unsatisfied	very unsatisfied
5	4	3	2	1
Comments:				
5. The training a was meaning		red with you prior	o hospital admission	was explained in a way that
very satisfied	satisfied	average	unsatisfied	very unsatisfied
5	4	3	2	1
Comments:				

	training and ir aningful to you:		ed with you during	hospital stay was ex	plained in a way that was
very satis	sfied	satisfied	average	unsatisfied	very unsatisfied
5		4	3	2	1
Commer	ts:				
	training and ir aningful to you		ed with you post h	ospital stay was expl	ained in a way that was
very satis	sfied	satisfied	average	unsatisfied	very unsatisfied
5		4	3	2	1
Commer	ts:				
8. Plea	ase rate your o	verall satisfact	ion with services:		
very s	atisfied	satisfied	average	unsatisfied	very unsatisfied
5		4	3	2	1
Commer	ts:				
9. You	r child's transit	ion from Hospi	tal Services to Co	mmunity Services wa	s smooth:
very satis	sfied	satisfied	average	unsatisfied	very unsatisfied
5		4	3	2	1
Commer	ts:				
10. Wh	at worked well'	?			
11. Hov	v could we imp	rove?			

Thank you very much for completing this survey.

Please return to: Phil Harmuth Pediatric Feeding & Swallowing Service Queen Alexandra Centre for Children's Health 2400 Arbutus Road Victoria, BC V8N 1V7 Phone: 250 519-6940 Fax: 250 519-6918 Email: phil.harmuth@viha.ca

Please contact Phil if you have any questions or concerns.