



St. Catherine of Siena Medical Center Satisfaction Survey

Please respond based on your experience with the care provided to you during your recent hospitalization. Please circle the appropriate response that answers the question:

1. Were you provided education on your diagnosis of sepsis/infection? **Yes or No**
2. Was the education provided in a manner in which you could understand? **Yes or No**
3. Do you know the signs and symptoms of sepsis/infection and when to seek medical attention?
Yes or No
4. Did the staff have compassion towards your needs? **Yes or No**
5. Is there anything that we could have done to improve your stay in our hospital? **Yes or No**

If yes, please share your thoughts below.

Comments: _____

Thank you for your time and feedback. Please return in the attached envelope.

Patient Name (optional) _____ Phone (optional) _____

Survey completed by if other than patient (optional) _____