Psychiatric Emergency Department

PATIENT SATISFACTION QUESTIONNAIRE

Please answer the following questions about your treatment in the Psychiatric Emergency Department. Your feedback is greatly appreciated.

1. Were you given a copy of the Patient Rights and Responsibilities and the Patient Grievance Procedure?
   YES   NO

2. Did the staff attend to your needs in a timely manner?
   YES   NO

3. Did the staff treat you with respect?
   YES   NO

4. Was the staff respectful of your culture?
   YES   NO

5. Was there a staff member who you found to be very helpful?
   If so, please give us their name: ____________________________________________