

**BAYSIDE COMMUNITY HOSPITAL FOLLOW UP SURVEY FOR IN-PATIENT  
September 2007**

Number of Patients (inpatient and observation) attempted	<b>24</b>
Number of Patients we were unable to contact	<b>12</b>
Number of patients with overall satisfaction	<b>12</b>

Question	Worse	Slightly Improved	Improved	Resolved
Do you think your condition (reason for your visit) has/is:	0	1	8	3

Question	No	Maybe	Yes
Would you recommend Bayside Community Hospital to your family/friends?	0	0	12

Question	No Answer	Bad	Poor	Fair	Good	Excellent
How would you rank the overall service you received during your hospital stay?	0	0	0	0	8	4
How would you rank your meals?	0	0	0	0	10	2
How would you rank the cleanliness of your room?	0	0	0	0	10	2
How would you rank the services you received from your physician?	0	0	0	0	6	6
How would you rank the services you received from the nursing staff?	0	0	0	0	6	6

Do you have any addition comments?

- Transferred and doing well, stated all went well.
- Satisfied with hospital, all went well.
- Transferred stated IV was to deep and became swollen.