

Satisfaction questionnaire

Your advice is our interest

Your treatment at the hyperbaric centre is drawing to an end... We would very much appreciate your feedback. Would you please be so kind as to share your experiences with us by completing this questionnaire?

Our aim is to continuously improve, and in order to achieve this, your feedback is of the greatest importance!

The questionnaire is quite long, but we intend to pay attention to every aspect of your stay. At the same time, we give you the opportunity to make suggestions or observations.

If you encounter a question which doesn't concern you, please skip to the next one! If you're unwilling or unable to answer a specific question, than please ignore it!

For the other questions, you may need to provide the answer most compatible with your opinion.

When you've finished filling in the list, you can leave it at the reception desk or simply slip it into the provided box.

Needless to say that the content will be treated in strictest confidence.

For more information, Mr ... is at your disposal.

Thank you very much for your help,

Address of the Centre:

Accessibility of the center and of the hyperbaric chamber

How would you rate your satisfaction regarding the following experiences?

	Excellent	Very good	Good	Poor	Very poor
1. The time needed to get an appointment?					
2. The waiting time at the center before seeing a doctor?					
3. Did you find telephone contact with the facility easy?					
4. How easily did you find getting to the center (inside the hospital or generally)?					
5. The availability of the treatments (sessions)?					
6. The comfort of the waiting room?					
7. The comfort of the hyperbaric chamber?					
8. The appearance and cleanliness of the centre?					
9. The appearance and cleanliness of the hyperbaric chamber?					

10. Are there any of the above items that you would like us to improve (please indicate the number)

.....

11. If you wish we would welcome any comments concerning access to the centre or generally about the facility (for example: do you have a need that has not been satisfied yet?)

.....

Staff

How satisfied are you regarding the following aspects of our service?

	Excellent	Very good	Good	Poor	Very poor
12. Politeness of the staff?					
13. Availability of the staff?					
14. Was the staff willing to listen to your concerns and comments?					
15. Did the staff give you correct information?					
16. Did the staff show you sufficient respect?					
17. Flexibility of the staff (adapting to your needs)?					
18. How important was security to the staff?					
19. Was the staff discrete?					

20. Are there any of the items above that you wish us to improve on (please give the numbers)

.....

21. If you wish we would welcome any comments about the staff that have served you.

.....

Communication

During your treatment, you will have been in contact with various methods of communication. How satisfied are you regarding your experience in the following areas?

	Excellent	Very good	Good	Poor	Very poor
22. Were you properly prepared for your stay under pressure in the chamber?					
23. Were you given sufficient explanation regarding what to do in the event of problems?					
24. Were you given logical, coherent and effective information or counseling?					
25. Were you given enough information regarding the vocabulary used?					
26. Were the documents you received clear and easily understood?					
27. Was the lapsed time before you received a medical document acceptable?					
28. Was the information regarding the likely effects to be expected during hyperbaric oxygen therapy clear and easily understood?					
29. Was the information about possible discomfort and complications during hyperbaric oxygen therapy clear and easily understood?					

30. Are there any of the items above that you wish us to improve on (please give the numbers)

31. If you wish we would welcome any comments about the communication

Care and the Treatments

How satisfied are you regarding your experience in the following areas?

	Excellent	Very good	Good	Poor	Very poor
32. Was the organisation of the received care/sessions good?					
33. Did the staff make you aware of the importance of the treatment?					
<input type="checkbox"/> Nobody explained the importance of the treatment to me					
34. If you were in pain, were you treated sympathetically and efficiently?					
<input type="checkbox"/> I haven't been in pain					
35. Did the staff deal well with any other discomfort you suffered (nausea, bad position, fatigue,...)?					
<input type="checkbox"/> I haven't been suffering any discomfort					
36. Were local treatment organized well (bandages,...)?					
<input type="checkbox"/> I didn't have any local treatment					
37. Did you find it easy to adapt to breathing from the supplied breathing system (mask, tent,...)?					
<input type="checkbox"/> I didn't have any problem of this type					
38. How did the centre staff help you to handle the stress you experienced during your treatments?					
<input type="checkbox"/> I didn't have any problem of this type					

39. Are there any of the items above that you wish us to improve on (please give the numbers)?

40. If you wish we would welcome any comments about the care you've received.

General questions

Draw a circle around the number of any of the phrases you agree with

41. I had to wait more than 5 days before getting an appointment.
42. The telephone line was often busy.
43. Sometimes I received contradictory information from various persons.
44. No one explained to me what to do in case of a problem (pain, discomfort,...).
45. The facility or the hyperbaric chamber weren't always clean & tidy.
46. Sometimes, the wait before seeing a doctor was too long.
47. The treatments often started with a delay of more than 15 minutes.
48. Sometimes it appeared that the personnel didn't know how to operate a medical device.
49. The wait before getting a medical document is too long.
50. I didn't understand anything of the explanation I was given before the first treatment.
51. The scheduling of the treatments was not convenient for me.
52. I didn't quite understand the reason for me being given these treatments.
53. It's hard to find the hyperbaric center.
54. Sometimes the attitude of the personnel was not good (politeness, respect,...).
55. If I had a problem, the staff didn't seem to know how to deal with it.
56. The seats in the waiting room and/or the hyperbaric chamber are not appropriate for my condition.
57. The forms or documents I've received are hard to understand.
58. When I asked a question, sometimes the answer was not given in a form that I could understand.
59. It seemed to me that some of the staff members weren't aware of the seriousness of my condition.
60. Inside the chamber, I was sometimes stressed and it seemed that no one paid any attention to my discomfort.
61. My case was discussed openly without my permission.
62. Other (please specify):

Information about yourself

We would like to get to know our patients better in order to have a fuller understanding of your needs. The intention of this questionnaire is to improve the way the hyperbaric centre provides the service to you. We would be grateful if you'd kindly answer the following questions. You can be assured that the confidentiality of the information you provide is assured there will be no connection made between the questions asked and the person answering them.

Please indicate which of the following applies to your situation. How many sessions did you receive?

- Less than 10 sessions
- Between 10 en 20 sessions
- Between 20 en 40 sessions
- More than 40 sessions

Gender?

- Female
- Male

Age?

- 18-24 years
- 25-34 years
- 35-49 years
- 50-64 years
- 65 years or more

What is your main occupation?

- Household
- Manager
- Employee
- Independent
- Worker
- Student
- Retired
- Military
- Other:

Which level of studies did you achieve?

- Primary school
- College
- High school
- University

You wish to respond later?

Please send this document to

Centre Address:

We care about your opinion and thank you for taking the time to complete this form. Finally please can you give any comment you wish to make concerning our centre. Please don't hesitate to elaborate (use extra pages as you see fit). We are very interested in your answers to this questionnaire and will take whatever comments or remarks you make concerning your treatment or our achievements very seriously. Again thank you very much!

If you are happy for us to know your name, please complete the following:

Surname and given name:

This ends the questionnaire, thank you for your cooperation.