

Crisis Response Center (CRC)

Patient Experience Survey

Dear Patient,

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Instructions: Please read each statement carefully and rate the services you received from our facility. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question.

Adm. Date: _____

Disch. Date: _____

1. How well the staff cared about you as a person:

Very poor

☐

Poor

☐

Fair

☐

Good

☐

Very good

☒

2. How well the doctors took the time to listen to you:

Very poor

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Poor

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3. How well the staff worked together to care for you:

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4. Overall rating of care given at this facility:

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5. Likelihood of your recommending this facility to others:

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☐

Poor

☐

Fair

☒

Good

☐

Very good

☐

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Crisis Response Center (CRC)

Patient Experience Survey

Dear Patient,

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Instructions: Please read each statement carefully and rate the services you received from our facility. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question.

Adm. Date: _____

Disch. Date: _____

1. How well the staff cared about you as a person:

Very poor	Poor	Fair	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How well the doctors took the time to listen to you:

Very poor	Poor	Fair	Good	Very good
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How well the staff worked together to care for you:

Very poor	Poor	Fair	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Overall rating of care given at this facility:

Very poor	Poor	Fair	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Likelihood of your recommending this facility to others:

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