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| next c | question. | | | | |
|---------------|-----------------------|----------------------|-------------------|---------------------|------------|
| Adm | Date: | : | | Disch. Date |); , |
| | ow well to | the staff cared Poor | about you Fair | as a person Good | |
| 2. H c | w well | the doctors to | ok the time | e to listen to | you: |
| | | | Fair | | Very good |
| 3. H c | w well t | the staff worke | d together | to care for | you: |
| | | Poor | Fair | | Very good |
| 4. Ov | erall ra | ting of care give | ven at this | facility: | |
| Ve | ery poor | Poor | Fair | Good | Very good |
| 5. Lil | kelihood | of your recon | nmending t | his facility | to others: |
| | | Poor | | | Very good |
| | and the second second | | | | |

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Thank you for taking the time to share your experience. Your feedback is invaluable to us. Please deposit your completed survey in the envelope provided and hand it to a staff member.

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| Dear Patient | , |
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|--|--|--|--|--|--|--|
| We value your feedback and invite you to complete this brief survey about | | | | | | |
| your experience in our Crisis Response Center (CRC). Your responses will remain confidential and will help us enhance the quality of care we | | | | | | |
| will remain confidential ar | id will help us er | hance the quali | ty of care we | | | |
| provide. | | | | | | |
| Instructions: Please read | each statement | carefully and rat | e the services | | | |
| you received from our fac | ility. Select the | response that b | est describes | | | |
| your experience. If a ques | tion does not ap | ply to you, pleas | se skip to the | | | |
| next question. | | : | | | | |
| Adm. Date: | | Disch. Date: | | | | |
| 1. How well the staff c | ared about you | ı as a person: | | | | |
| Very poor Poor | Fair | Good | Very good | | | |
| | | | And the state of t | | | |
| 2. How well the doctor | rs took the tim | e to listen to | you: | | | |
| Very poor Poor | Fair | Good | Very good | | | |
| general permanental activity | ggaphinos - | | | | | |
| 3. How well the staff v | worked togethe | er to care for y | ou: | | | |
| Very poor Poor | Fair | Good | Very good | | | |
| | | The second secon | | | | |
| 4. Overall rating of ca | re given at thi | s facility: | TT 1 | | | |
| Very poor Poor | Fair | Good | Very good | | | |
| Nice difference successions | | | | | | |
| 5. Likelihood of your | recommending | this facility t | o others: | | | |
| Very poor Poor | Fair | Good | Very good | | | |
| | The state of the s | | | | | |

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| next question. | | : | | |
|--------------------------------|-----------------------|----------------------|---------------------|----------------------|
| Adm. Date: _ | | I | Disch. Date | : |
| 1. How well th | e staff cared | d about you Fair | as a person Good | : Very good |
| 2. How well the Very poor | Poor | ook the time Fair | to listen to Good | Very good |
| 3. How well the Very poor | ne staff work Poor | ked together Fair | to care for Good | you: Very good |
| 4. Overall rati | ing of care g Poor | Fair | facility: Good | Very good |
| 5. Likelihood Very poor | of your reco | ommending t Fair | Chis facility Good | to others: Very good |

| Dear | \mathbf{P} | at | i | er | ıt | , |
|------|--------------|----|---|----|----|---|
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| you you | received from r experience. I t question. | our facility. | Select the redoes not apply | sponse that to you, plea | best describes ase skip to the |
|------------|---|-----------------------|-----------------------------|--------------------------|-----------------------------------|
| | m. Date: | | D | isch. Date: | |
| 1.] | How well the | e staff cared Poor | l about you a | as a person: Good | Very good |
| 2. | How well the | Poor | ook the time Fair | to listen to Good | you: Very good |
| 3. | How well th Very poor | e staff work Poor | red together Fair | to care for Good | you: Very good |
| 4. | Overall ration Very poor | ng of care g | Fair | facility: Good | Very good |
| 5. | Likelihood o | Poor | ommending t Fair | his facility Good | to others: Very good |

| Dear | Patient, |
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| A | Adm. Date: Disch. Date: | | | | | |
|----|-------------------------|---------------------|----------------------|----------------------|-------------------------|--|
| 1. | | the staff care | | | | |
| 2. | How well Very poor | the doctors to | ook the time Fair | | Very good | |
| 3. | | the staff work Poor | ked together Fair | | you: Very good | |
| 4. | | ating of care g | | facility: Good | Very good | |
| 5. | Likelihoo Very poor | d of your reco | mmending t Fair | his facility Good | to others: Very good | |

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| Heye | question. | | | | |
|------|--------------------------|-----------------------|---------------------|---------------------|-------------------------|
| Adn | n. Date: _ | | : . | Disch. Date | : |
| | | he staff cared | d about you Fair | as a person Good | Very good |
| | low well to | he doctors to | Fair | Good | Very good |
| | Iow well t | he staff work Poor | xed together Fair | to care for Good | |
| | Overall rat Very poor | ing of care g Poor | iven at this Fair | facility: Good | Very good |
| | vikelihood Very poor | of your reco | mmending t Fair | this facility Good | to others: Very good |

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| next question. | | | | | | |
|----------------|-------------------------|---------------------|---------------------|-----------------|-------------------|--|
| Adm. | Date: | | Dis | ch. Date: | | |
| | w well the | staff cared a | bout you as Fair | | Very good | |
| | | doctors took Poor | ~~ | | you: Very good | |
| | w well the ry poor | staff worked Poor | T . | | vou: Very good | |
| | | g of care give Poor | n at this fac | cility: Good | Very good | |
| | kelihood of ery poor | your recomn Poor | | facility to | Very good | |

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| 110220 | question | | | | |
|--------|-----------------------|--------------------|-----------------|-----------------------|-------------------|
| Adr | n. Date: _ | | | Disch. Date: | |
| | How well to Very poor | he staff cared all | bout yo Fair | ou as a person: Good | Very good |
| | How well to Very poor | he doctors took | the tin | Good | you: Very good |
| | How well to Very poor | he staff worked | togeth Fair | er to care for y Good | Vou: Very good |
| | | ting of care give | | is facility: Good | Very good |
| | Very poor | Poor | Fair | | |
| 5.] | Likelihood | of your recomn | nending | g this facility to | o others: |
| | Very poor | Poor | Fair | Good | Very good |
| | | | | | |

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| | 1 | | | | | |
|----|------------------------|------------------------|----------------------|---------------------|----------------------|--|
| A | dm. Date: _ | | I | Disch. Date: | | |
| 1. | How well t | he staff cared Poor | d about you Fair | as a person Good | | |
| 2. | | he doctors to | | | Very good | |
| 3. | How well t | he staff work Poor | red together Fair | | you: Very good | |
| 4. | Overall rate Very poor | ing of care g Poor | | facility: Good | Very good | |
| 5. | | of your recor | mmending th | | to others: Very good | |

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|------|-------------------------|--------|---------------------|-----------------------|------------------------|----------------------|
| A | Adm. Date: Disch. Date: | | | | |); |
| 1. | How v | | e staff care | ed about you Fair | as a person Good | Very good |
| 2. | How w | | Poor | Fair | e to listen to Good | Very good |
| 3. | How v | | e staff wor Poor | ked together Fair | | you: Very good |
| 4. | Overa Very p | | g of care | given at this Fair | facility: Good | Very good |
| 5. | Likelil Very p | | _ | ommending † Fair | | to others: Very good |

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| $\overline{\mathbf{Ad}}$ | m. Date: | | i | Disch. Date | ə: |
|--------------------------|------------|---------------|--------------------------|-----------------------|------------|
| | | | | | |
| 1. | How well | the staff car | ed about you | as a person | 1: |
| | Very poor | Poor | Fair | | Very good |
| | | | | | (A) |
| | | | | L | |
| 2. | How well | the doctors | took the time | to listen t | o you: |
| | Very poor | Poor | Fair | Good | Very good |
| | | | | | |
| 3. | How well | the staff wo | rked together | to care for | vou: |
| • | | ъ | Fair | | Very good |
| | | | | | |
| 4. | Overall ra | ting of care | given at this | facility: | |
| | Very poor | - | Fair | Good | Very good |
| | | | | | |
| | | <u> </u> | L | | Lacons and |
| 5. | Likelihood | d of your rec | ${f commending} \ {f t}$ | | |
| | Very poor | Poor | Fair | Good | Very good |
| | | | | | |

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| A | Adm. Date: | | | Disch. Date: | | |
|----|---------------------------|----------------|--------------------|---------------------|----------------------|--|
| | How well the Very poor | | about you Fair | as a person Good | 4 | |
| 2. | How well the Very poor | Poor | Fair | | Very good | |
| 3. | How well the Very poor | g. | d together Fair | | you: Very good | |
| 4. | Overall ratin | ng of care giv | ven at this Fair | facility: Good | Very good | |
| 5. | Likelihood o Very poor | f your recom | mending Fair | | to others: Very good | |

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| | 1 | | | | | |
|----|----------------------------|---------------|---------------------|----------------|----------------------|--|
| A | dm. Date: | | | Disch. Date: | | |
| 1. | How well th | e staff cared | | | Very good | |
| 2. | How well th | e doctors to | | | - | |
| 3. | How well th | | ed together Fair | | you: Very good | |
| 4. | Overall rational Very poor | - | rair | facility: Good | Very good | |
| 5. | Likelihood o | of your recor | nmending t Fair | | to others: Very good | |

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| next q | uestion. | | | | |
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| $\overline{\mathbf{Adm}}$. | Date: _ | | I | Disch. Date | |
| | | e staff cared | l about you | as a person Good | Very good |
| | w well thery poor | e doctors to | Fair | to listen to Good | Very good |
| | ow well thery poor | e staff work Poor | ed together Fair | to care for Good | you: Very good |
| | verall rati | ng of care g Poor | Fair | facility: Good | Very good |
| | kelihood o | | mmending t | his facility Good | to others: Very good |

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| ne | ext question. | | | | |
|----|---------------|----------------------|-----------------|-----------------------|-----------------|
| A | dm. Date: _ | | L | oisch. Date | e: |
| 1. | | e staff care Poor | d about you a | as a person Good | a: Very good |
| 2. | | _ | ook the time | | * |
| | Very poor | Poor | Fair | Good | Very good |
| 3. | How well th | e staff worl | ked together t | to care for | you: |
| | Very poor | Poor | Fair | Good | Very good |
| | | | | | |
| 4. | Overall ratio | ng of care g | iven at this fa | acility: | |
| | Very poor | Poor | Fair | Good | Very good |
| | | | | | |
| 5. | Likelihood o | f your reco | mmending th | is facility | to others: |
| | Very poor | Poor | Fair | Good | Very good |
| | | | | | |

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| ne | ext question. | | | | |
|--|---------------|--------------|--|-----------------------|------------|
| A | dm. Date: _ | | | isch. Date | ə: |
| 1. How well the staff cared about you as a person: | | | | ı: | |
| | Very poor | Poor | Fair | Good | |
| | | | | | |
| 2. | How well th | e doctors to | ook the time t | o listen t | o you: |
| | Very poor | Poor | Fair | Good | Very good |
| | | | and the same of th | | |
| 3. | How well th | e staff work | ed together t | o care for | you: |
| | Very poor | Poor | Fair | Good | Very good |
| | | | | | |
| 4. | Overall ratio | ng of care g | iven at this fa | cility: | |
| | Very poor | Poor | Fair | Good | Very good |
| | | | The state of the s | | |
| 5. | Likelihood o | of your reco | mmending thi | s facility | to others: |
| | Very poor | Poor | Fair | Good | Very good |
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| ne: | xt question. | | | | |
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| A | dm. Date: _ | | | Disch. Date |): |
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| 1. | How well th | e staff care | d about you | as a persor | ı: |
| | Very poor | Poor | Fair | Good | Very good |
| | الله الله | ine. | | | |
| | | 8. | | | |
| 2. | How well th | e doctors to | ook the time | to listen to | o you: |
| | | *** | Fair | 4 | Very good |
| | | [d.] | | | |
| | | it. | | لـــا | |
| 3. | How well th | ne staff work | ked together | to care for | you: |
| ٠. | | | Fair | | Very good |
| | , or b b or | | | | ř |
| | | | | | Ll |
| 4 | Overall rati | ng of care g | iven at this | facility: | |
| | | Poor | Fair | Good | Very good |
| | , J <u></u> | | | | m |
| | | | 31 | L | |
| 5 | Likelihood | of your reco | mmending t | his facility | to others: |
| 0. | | Poor | Fair | | Very good |
| | vory poor | | - 332 [7] | | |
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| next q | uestion. | | | | |
|------------|------------|----------------------|-----------------------|----------------|----------------------|
| Adm. Date: | | | Disch. Date: | | |
| | w well the | staff cared a | bout you as Fair | a person: Good | Very good |
| | w well the | doctors took | the time to | | you: Very good |
| | | staff worked Poor | together to | | ou: Very good |
| | _ | of care give Poor | n at this fac Fair | Good | Very good |
| | | your recomn Poor | rending this | Good | others: Very good |

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