

**THE CHILDREN'S HOSPITAL
PEDIATRIC SEDATION PATIENT SATISFACTION SURVEY**

Dear Patient and Family: Our staff and physicians of the Pediatric Sedation Team are striving to provide you with the best possible service during your stay in the Pediatric Sedation Unit. The purpose of the survey is to use your opinions to help us evaluate our service. Please take a few minutes to complete this survey by checking the statement that most reflects your feelings. Please return the completed surveys in the return envelope provided. The survey is confidential and no one will contact you unless you sign below requesting a personal contact.

My child had Pediatric Sedation for (please check one)

MRI _____ **Procedure/Test with anesthesia** _____ **VCUG** _____ **OTHER** _____

Questions	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree
Nurses were willing to talk to me and my child about our anxieties and fears.					
My child and family's needs and preferences were heard and included in my child's care.					
My child & family were adequately involved in decisions affecting my child's care.					
The risk and benefits of anesthesia were explained to me in a manner I could understand.					
My child & family felt respected and listened to.					
My child was in a clean healthy environment.					
My child's pain issues were adequately addressed.					
I had confidence and trust in the nurses caring for my child.					
I had confidence and trust in the physician caring for my child.					
The wait time for my appointment was reasonable.					
If there was a delay, the reasons for the delay were adequately explained to me.					
I understood the activities that my child could do at home after discharge.					
I was provided information on whom to contact, if I had questions after we went home.					
Overall, I would recommend these services.					
Overall, I was satisfied with the services provided.					

What are we doing best?

Where can we improve?

Names of staff members you would like to recognize for providing excellent service:

I would like to be contacted: Yes _____ No _____ Phone # _____

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(Optional) Parent's Name:	Child's name:	DOB:
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Thank you for your time in completing this survey. Your feedback is valuable to us!

Additional Comments may be written on the back.