PATIENT SATISFACTION SURVEY

INCONTINENCE AIDS

Firstly, some questions about you						
Gender?						
Male Female						
What age group do you fit into?						
46 – 55		66 – 75 yrs years		More than years	75	
Your postcode or name of suburb						
Management of incontinence						
Next some questions about the management of incontinence using the	Strongly agree	Agree	Neither agree nor	Disagree	Strongly disagree	Not applicable

Staff care

aids.....

My FI aids are comfortable to wear

My FI aids are easy to insert
My FI aids are easy to remove

These questions are about the staff who helped you manage your aids	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
The staff took time to explain the use of the aid						
The staff answered my questions about the use of the aid						
The staff were patient with me						
Staff helped me when I needed it						

disagree

Hospital care

These questions are about the hospital care you received here whilst learning to use your aids	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
I have been made comfortable when learning to use the aids						
Staff attended to my needs in a timely manner						
The hospital routine helped me to learn to manage the aids						
I was given time to learn about using the aids						

Any other comments about using the incontinence aids?				

Thank you for taking time to complete this satisfaction survey. Your input is very valuable to us.