

Maternity Ward Patient Satisfaction Survey

Patient Name

Date of Admission

Length of Stay (days)

Email (optional)

How would you rate your overall experience?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How satisfied were you with the cleanliness of the ward?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How satisfied were you with the staff's attitude and care?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How would you rate the communication about your care and treatment?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How satisfied were you with the food and nutrition provided?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What could we improve?

Any additional comments or suggestions?