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| **Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. What are you seeing?
2. What are you hearing?
3. How does this area make you FEEL?
4. How would it make you feel if YOU were a patient here?
5. How would it make you feel if YOU were a family/friend of a patient here?
6. Please share your observations on privacy, confidentiality and dignity of patients in this area:
7. How do you perceive the cleanliness of this area?
8. Please list your other thoughts or observations here:

More on next page:Please share suggestions & opportunities for the department**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** improvement here:  |