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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: | |