

1) Date of report: _____

2) We would like to know about the things that may have concerned you about your care, or the care of others, during this hospital stay. Please tell us what happened with your concern or experience, in as much detail as you can?

3) Why do you feel this was a 'safety concern' for you?

4) What do you think could be done to stop this from happening again to you or other patients, in the future?

5) On a scale of 1-10 how serious do you think your 'safety concern' was?

1	2	3	4	5	6	7	8	9	10
Not serious at all									Extremely serious

6) Do you think it would have been possible to have stopped your experience from happening?

Definitely
yes

Probably
yes

Probably
not

Definitely
not

Don't know