

Nursing Staff Interaction Survey

Unit/Ward:

Date:

YYYY-MM-DD

1. How would you rate the friendliness of the nursing staff?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

2. Did the nursing staff listen to your concerns?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

3. How clearly did the nursing staff explain your care or treatment?

- ☐ Very Clearly
- ☐ Somewhat Clearly
- ☐ Unclear
- ☐ Did Not Explain

4. Did the nursing staff treat you with respect?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

5. Please share any additional comments or suggestions: