

# Questionnaire on Leaving Hospital

Dear Sir or Madam, You have recently been admitted to the Centre Hospitalier du Nord-Mayenne (CHNM). We have taken all necessary steps to ensure your stay is as comfortable as possible. To enhance patient care, we would appreciate your feedback regarding your hospitalization.  
Kindly take a moment to fill out this questionnaire.

**Select the boxes corresponding to your preferences, considering the following symbols:**



Very satisfied



Satisfied



OK



Dissatisfied

## Information

Name of the department in which the patient was admitted: \_\_\_\_\_ Release date: \_\_\_\_\_

Patient Name (optional): \_\_\_\_\_ First name (optional): \_\_\_\_\_ Year of birth: \_\_\_\_\_

**Who completes the questionnaire?** ☐ The patient ☐ Relative / Friend

## Your welcome and entitlement to information

|  |  |
|--|--|
| Have you received the CHNM welcome booklet?  | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> No recollection               |
| A professional has provided you with this welcome booklet:   | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> No recollection               |
| The details in the welcome booklet are helpful and straightforward:                                  | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> No recollection               |
| A professional has recommended that you appoint a reliable individual:                               | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> Unconcerned / No recollection |
| A professional inquired whether you have ever completed Advance Directives:                          | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> Unconcerned / No recollection |
| A professional has notified you about the presence of User Representatives at the CHNM.              | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> Unconcerned / No recollection |
| A professional has notified you of your right to file a complaint or claim and the associated terms: | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> Unconcerned / No recollection |

## Your attention

| You feel content :   |  |  |  |  | Unconcerned / No recollection |
|--|--|--|--|--|-------------------------------|
| From the moment of your treatment, if you were admitted through the emergency department:      |  |  |  |  |                               |
| Availability of paramedical personnel:   |  |  |  |  |                               |
| Regarding the availability of medical personnel:   |  |  |  |  |                               |
| Care delivered:  |  |  |  |  |                               |
| On the application of hydroalcoholic solutions by professionals:                               |  |  |  |  |                               |
| Maintaining confidentiality concerning your health status:                                     |  |  |  |  |                               |
| Respect for your confidentiality:  |  |  |  |  |                               |
| Support with daily living activities (meals, bathing, etc.), if your mobility is limited:      |  |  |  |  |                               |
| Respect for your cultural values (such as food, religion, etc.):                               |  |  |  |  |                               |
| From the management of your discomfort, if you have been experiencing pain:                    |  |  |  |  |                               |
| Details regarding your care from paramedics:   |  |  |  |  |                               |
| Details regarding your health and medical care from physicians:                                |  |  |  |  |                               |
| You and those in your vicinity have been informed about hand hygiene by experts:               | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> Unconcerned / No recollection |  |  |  |                               |
| The caregivers evaluated your pain, regardless of whether you are experiencing any discomfort. | <input type="checkbox"/> Yes <input type="checkbox"/> Non <input type="checkbox"/> Unconcerned / No recollection |  |  |  |                               |

## The comfort of your hotel

In your room, you feel content :

The standard of the furniture (bed, armchair, etc.):

From the standard of cleanliness:

Silence / Sound intensity:

Concerning meals, you are content :

Quality:

From the amount:

From the selection of menus:

Regarding the temperature of the dishes:

You are pleased with the quality of the following services:

From the mobile device:

From television:



Unconcerned /  
No recollection

## Getting ready for your outing

You feel content :



Unconcerned /  
No recollection

Concerning the details obtained about the exit arrangements  
(date, time, transportation, administrative procedures):

Guidance and details provided for your post-hospitalization care  
plan:

## General contentment

Overall, how would you evaluate your hospitalization?

☐ ☐ ☐ ☐ ☐ Not pronounced

Would you suggest the North Mayenne Hospital Center to your family and friends?

☐ Yes ☐ Non ☐ Not pronounced



**Do you have any comments to share?**

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## What is the process for submitting the form?

Upon finishing this questionnaire, you may proceed to submit it:

- either in the departmental mailbox;
- either to a service expert;
- or send it by mail, paying the postage rate to:

Centre Hospitalier du Nord-Mayenne  
229 Boulevard Paul Lintier CS 60102  
53103 MAYENNE Cédex



### Claim

For any complaints, you may reach out to the service manager, who will assist you in filling out a form, or you can:

- Contact the User Relations Secretariat at the General Management. By telephone: 02 43 08 22 59. By email: [direction-usagers@ch-mayenne.fr](mailto:direction-usagers@ch-mayenne.fr).
- Send a complaint by post to the Director of the CHNM and/or to the mediator of your choice and/or to the user representatives.
- To schedule a meeting, please email one of the user representatives of your choice at: [representants-usagers@ch-mayenne.fr](mailto:representants-usagers@ch-mayenne.fr)

Your complaint will be addressed in conjunction with the Users' Commission. A response will be provided to you at the earliest opportunity.