

Structured In-Stay Feedback Form

Form | CON-FRM-004

Document type	Form
Title	Structured In-Stay Feedback Form
Document ID	{{facility.code}}-CON-FRM-004
Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2A, criterion 2A.8
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

To record a patient's answers to fixed questions during their stay or day-care visit. The patient may decline any question.

1. How to complete

- Explain the purpose: to improve care. The answers are confidential and do not affect treatment.
- Ask the questions in the patient's language, or hand over the form.
- Record the answers as given, including any comment.
- If a safety concern is raised, inform the ward head at once.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Staff explained my care and treatment clearly	Yes / Partly / No [EC]	☐	☐	☐	Action and who to tell
2	I was involved in decisions about my care	Yes / Partly / No [EC]	☐	☐	☐	Action and who to tell
3	I felt safe during my stay	Yes / Partly / No [EC]	☐	☐	☐	Action and who to tell
4	I was treated with respect and dignity	Yes / Partly / No [EC]	☐	☐	☐	Action and who to tell
5	I knew who to ask if I had a concern	Yes / Partly / No [EC]	☐	☐	☐	Action and who to tell
6	Anything you would like us to change (free text)	Comment [EC]	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Questions to be finalised by the committee and the patient representative.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee