

Sample Nemours Children's Health System Surveys

VISUALIZATION OF SURVEYS

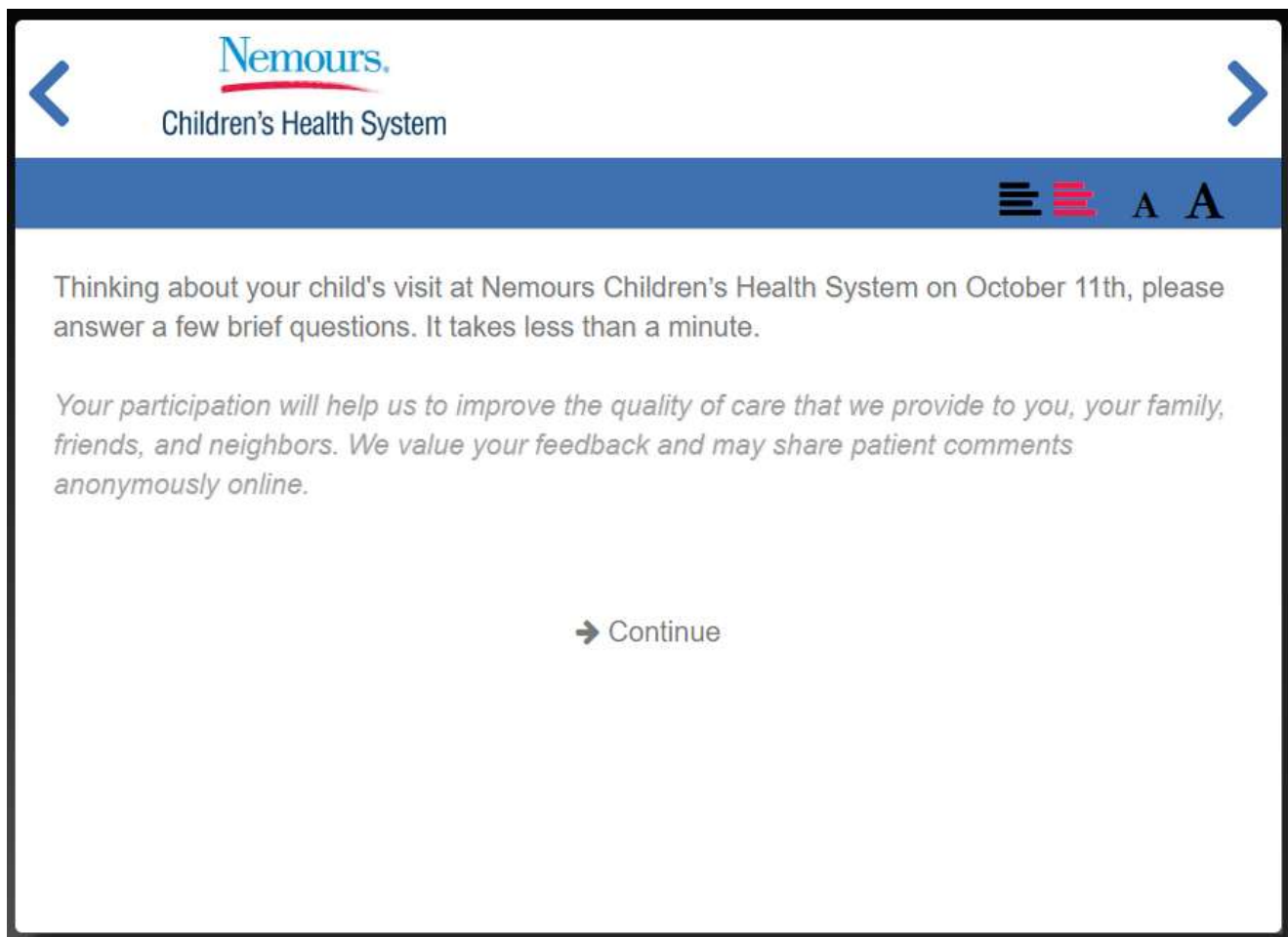
VERSION 1.3

Sample Surveys – Visuals & Links

Click on the links below to experience the sample survey OR scroll through the screen shots below

Outpatient Survey Link: <https://nemourschildrenshealthsystem.surveynrc.com/TEST-DEK>

Inpatient Survey Link: <https://nemourschildrenshealthsystem.surveynrc.com/TEST-DEJ>





Was your child seen by this provider in a timely manner?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely



Did this provider give you enough information about your child's health and treatment?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely



Did this provider listen carefully to you?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely



Did you know what to do if you had more questions after your visit?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely



Did this provider seem to know your child's medical history?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely



Did you trust this provider with your child's care?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely



Did this provider talk about how to prevent illness or injury?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely



How likely would you be to recommend this provider to your family and friends?

0

1

2

3

4

5

6

7

8

9

10

0 Not at all likely

10 Extremely likely



What else would you like to say about your experience?

Please type your response here

→ Continue