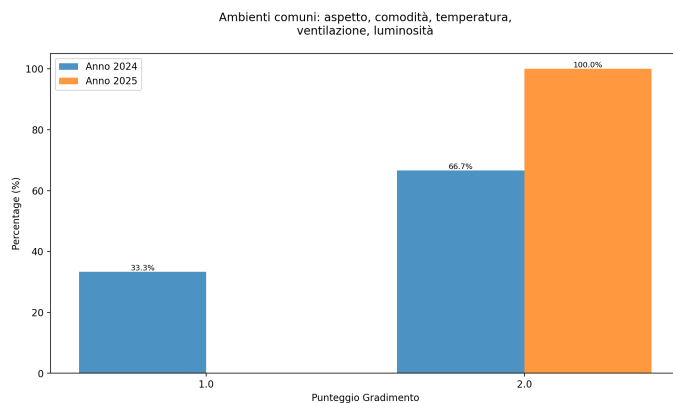
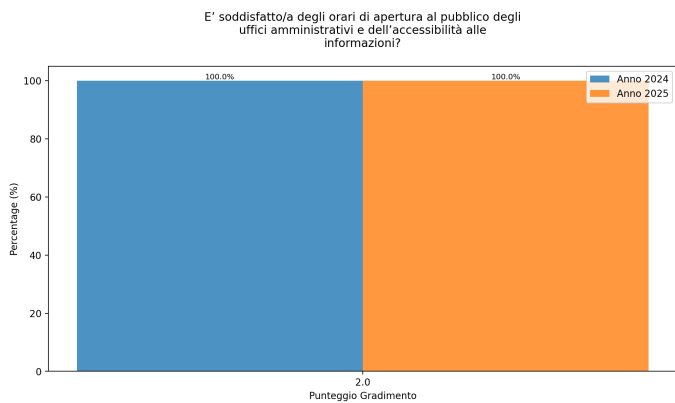
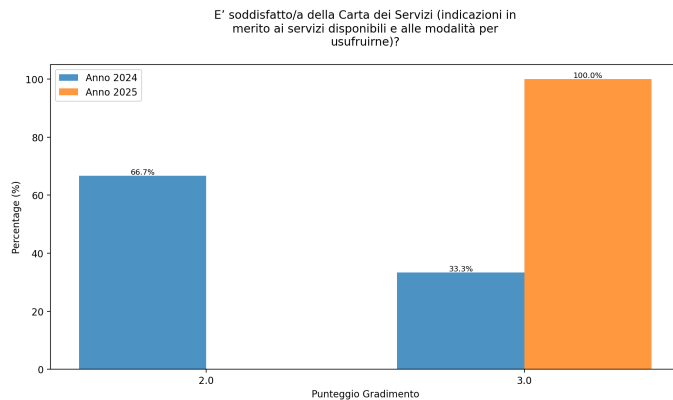
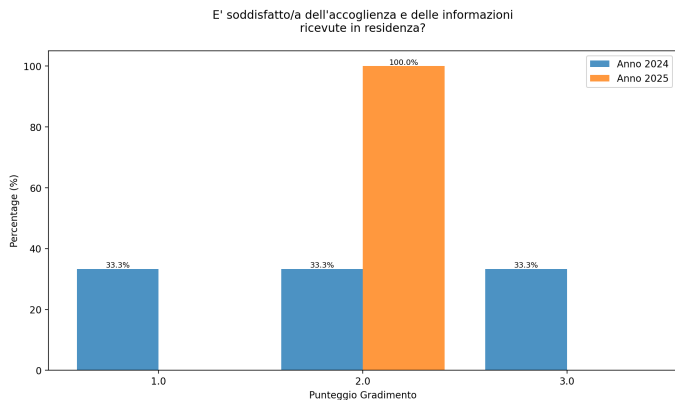
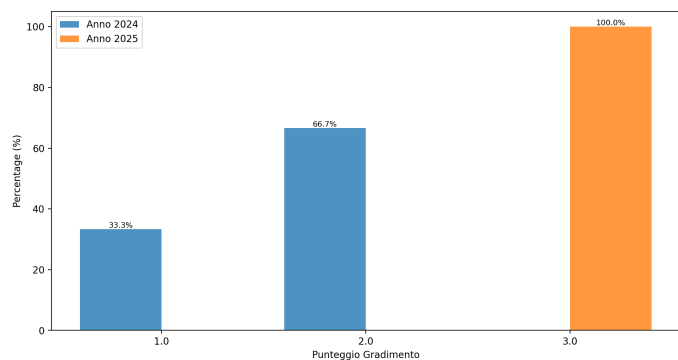


Estrazione Report Customer Satisfaction

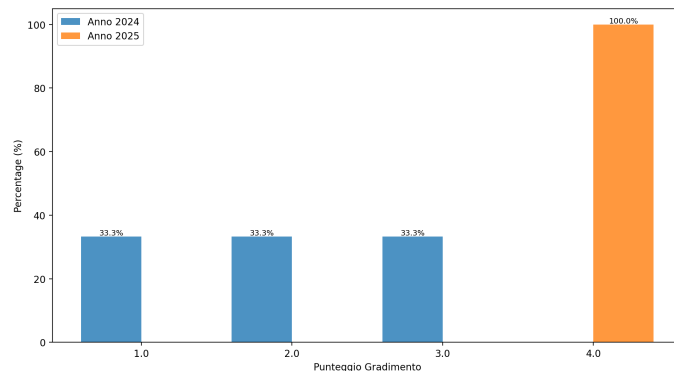
No. Questionari Registrati nel Periodo: 4



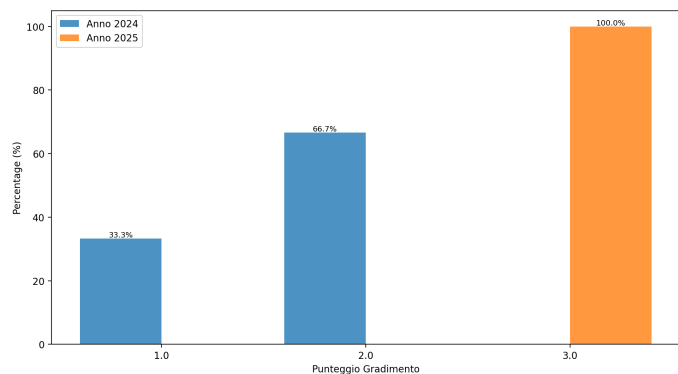
Camera personale: comodità, dimensione, arredo, temperatura, luminosità



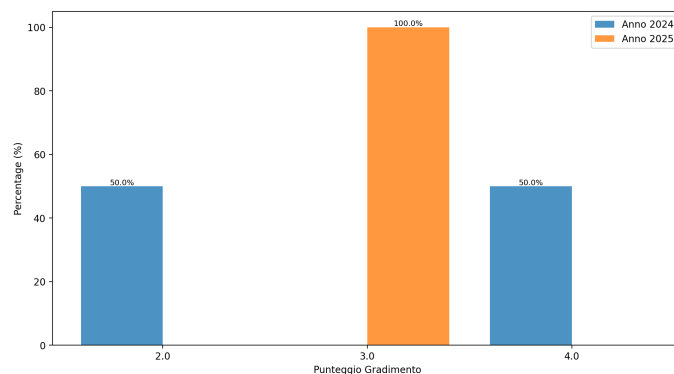
Cura dedicata all'igiene personale

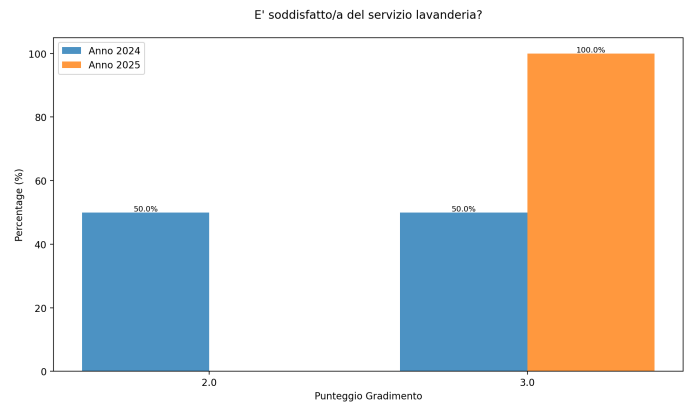
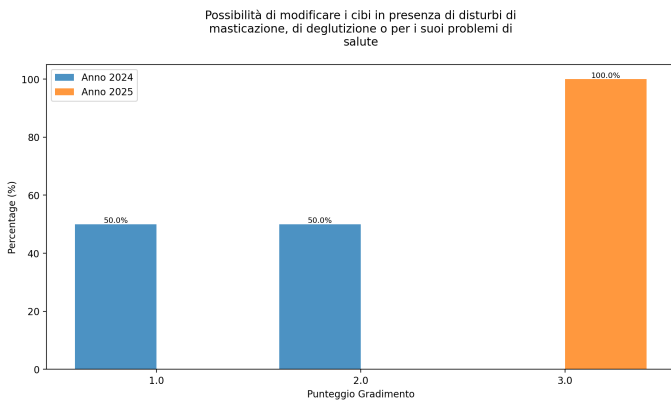
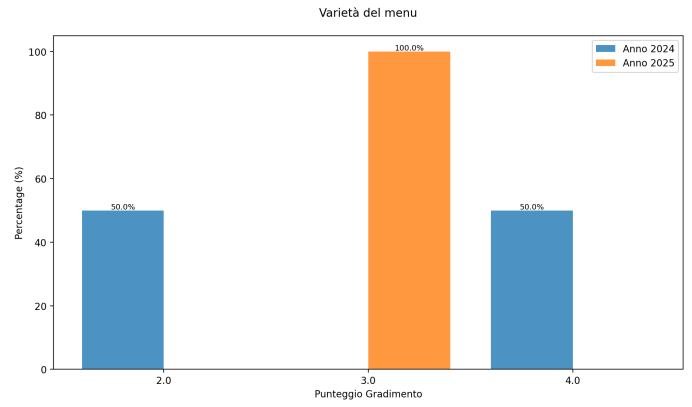
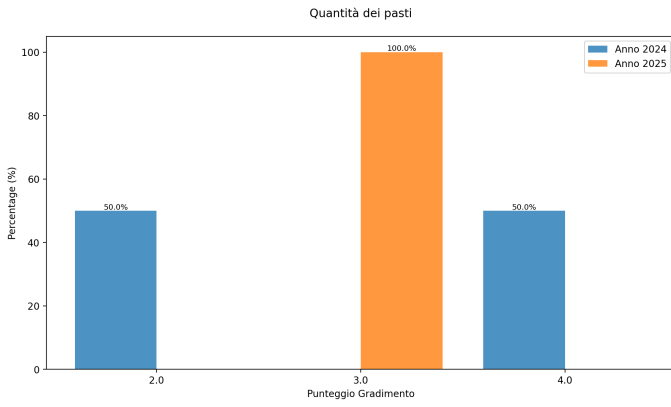


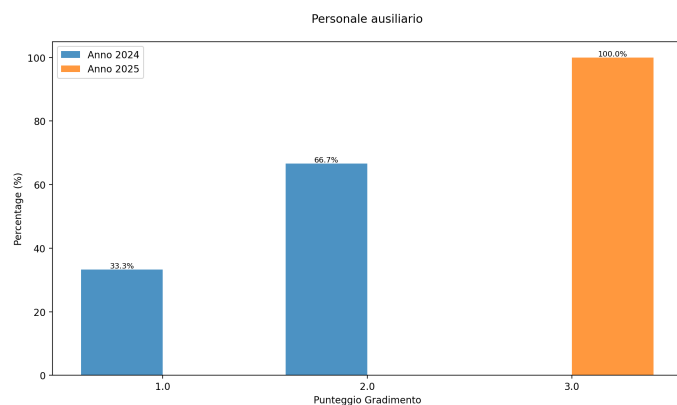
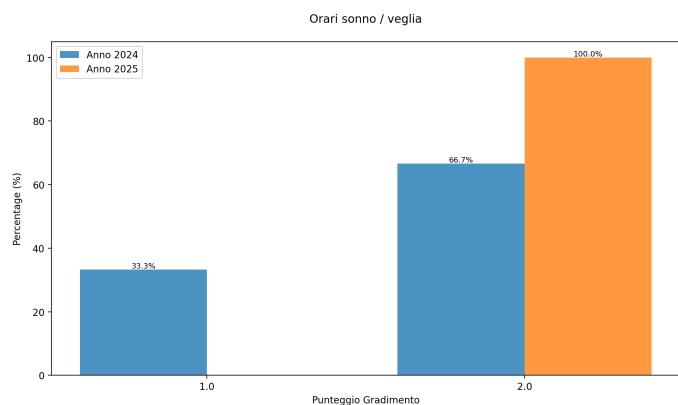
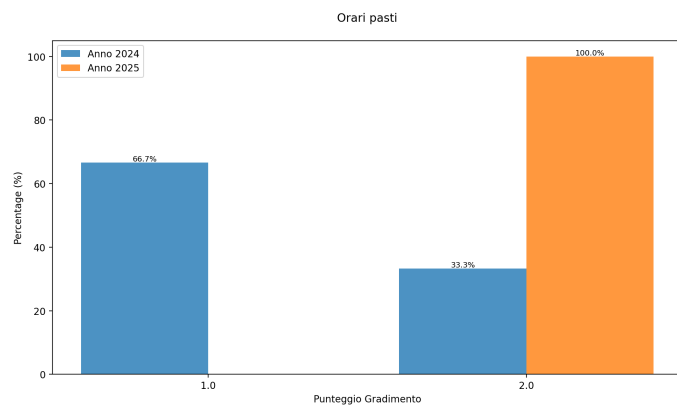
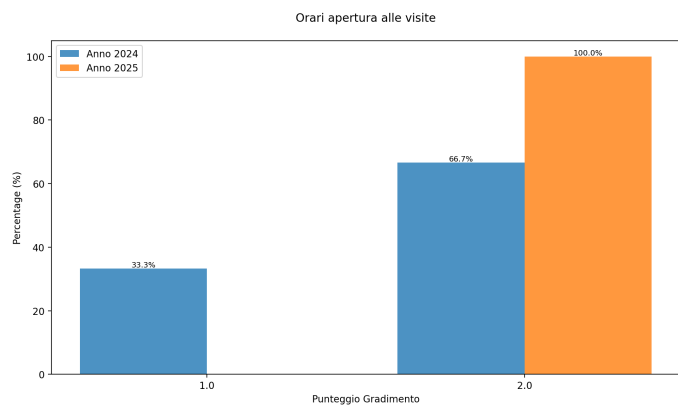
Pulizia dei servizi igienici e degli ambienti

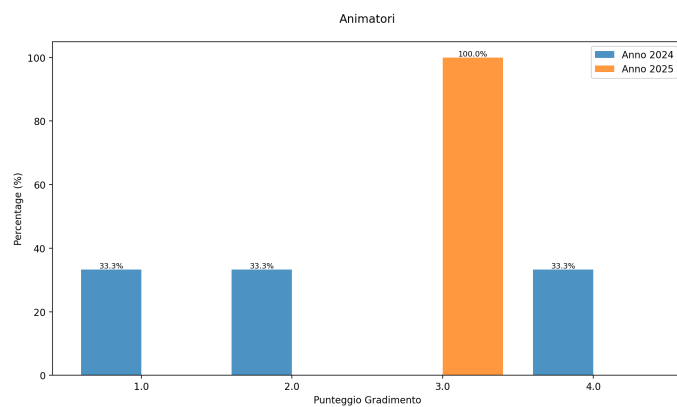
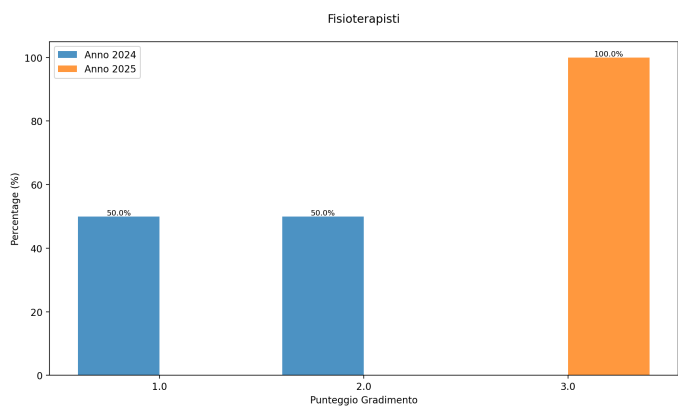
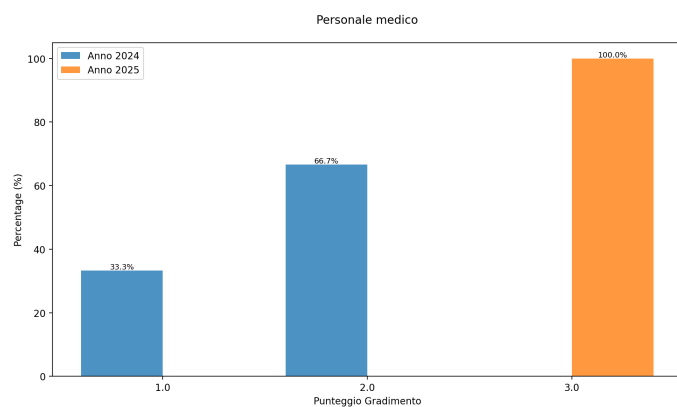
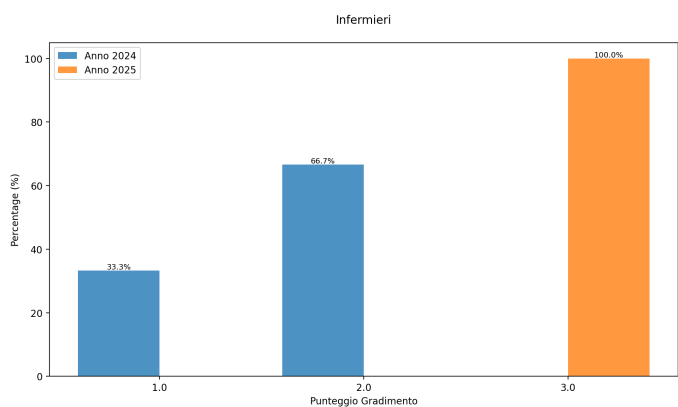


Qualità dei pasti

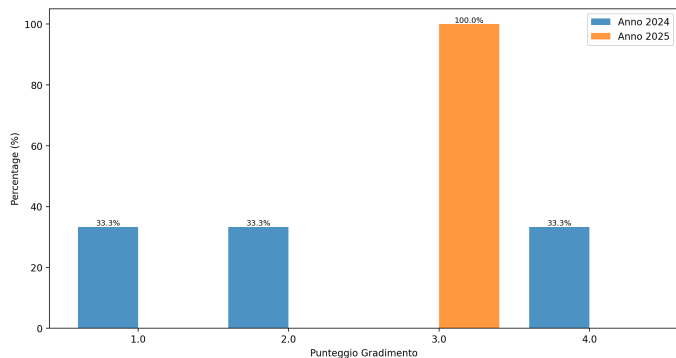




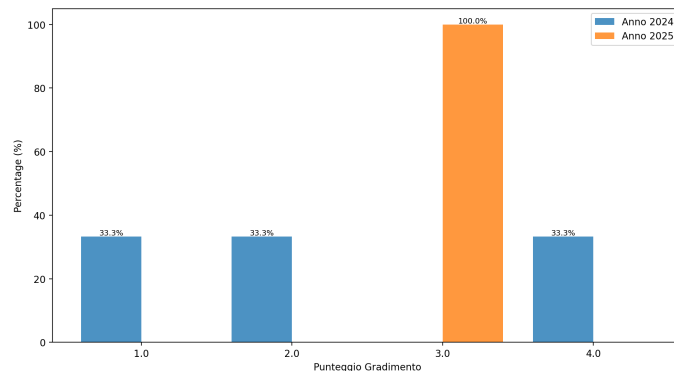




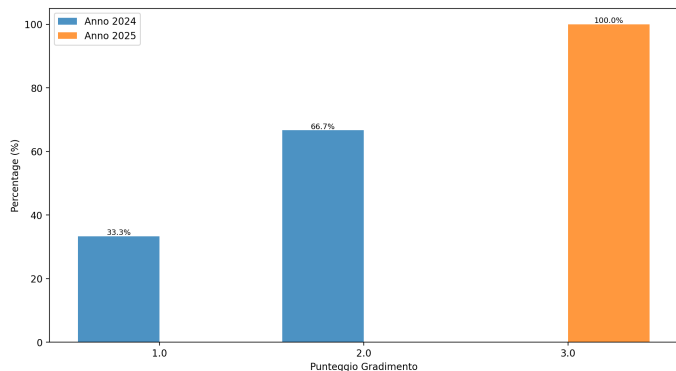
Si sente Coinvolto nel programma di assistenza individuale (PAI)?



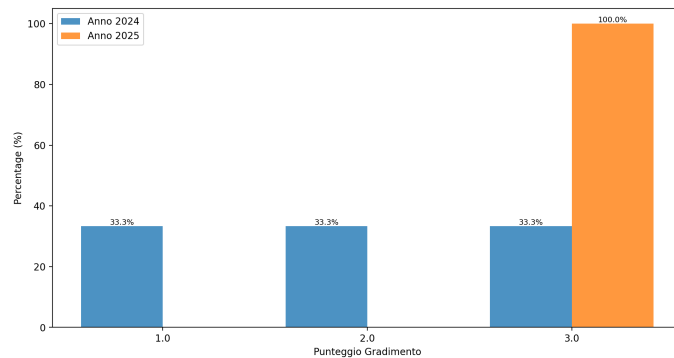
E' soddisfatto delle attività di animazione?



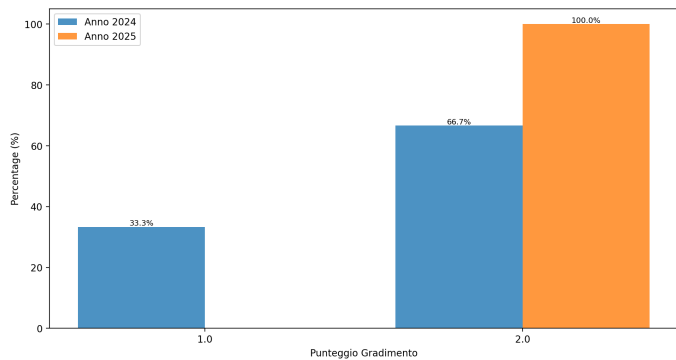
E' soddisfatto delle attività di fisioterapia?



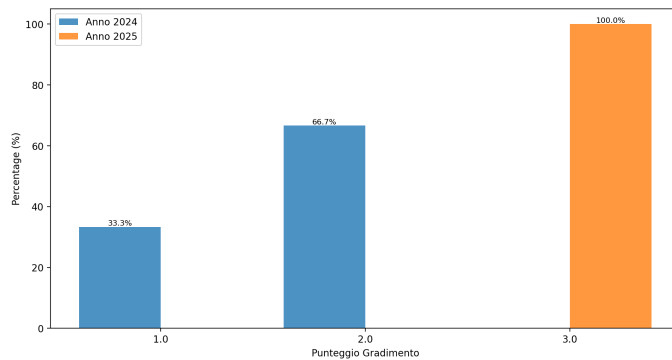
E' soddisfatto del rispetto della sua intimità e della sua privacy?



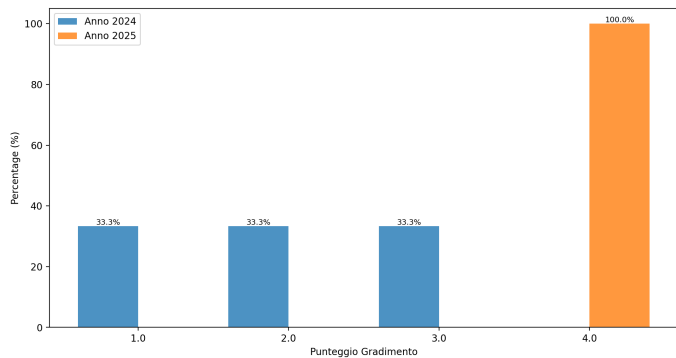
E' soddisfatto/a del rapporto umano con gli altri ospiti / familiari?



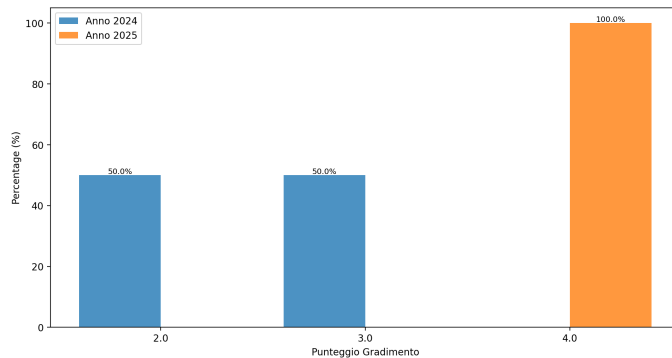
E' soddisfatto/a del rapporto umano con il personale che si occupa di lei?



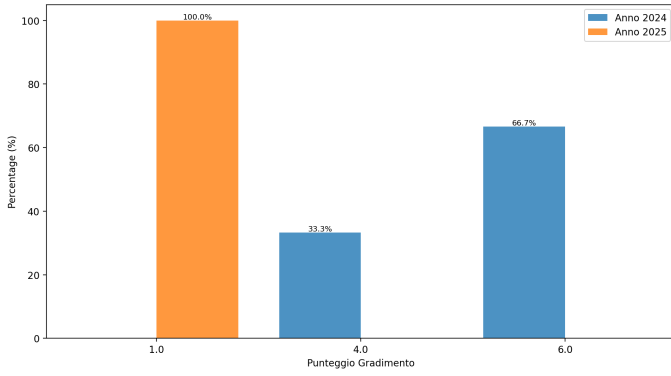
Percepisce cortesia, disponibilità e umanità da parte del personale nei suoi confronti?



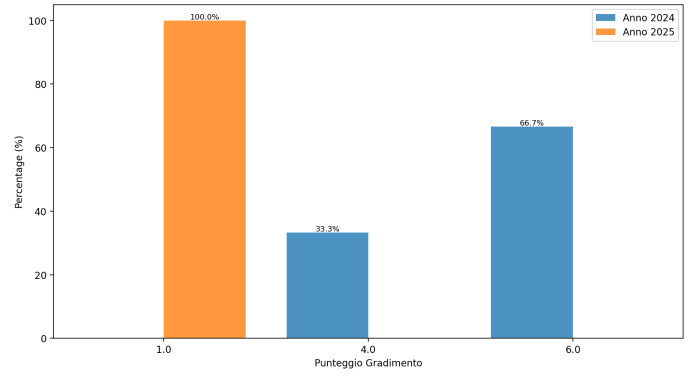
E' soddisfatto, complessivamente, dei servizi offerti dal centro?



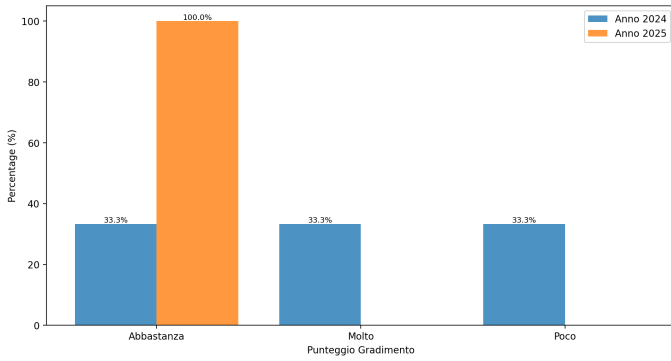
Come valuta complessivamente il servizio offerto?



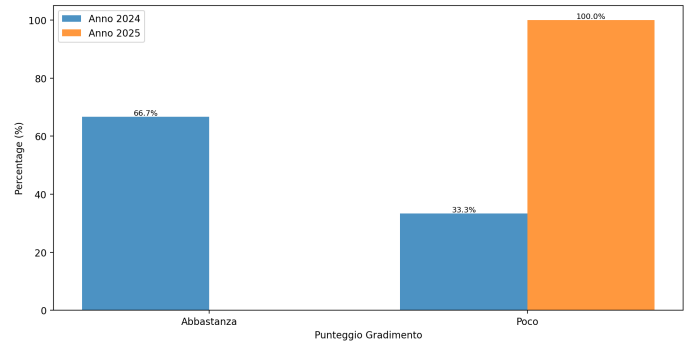
Consiglierebbe ad altri questa struttura?



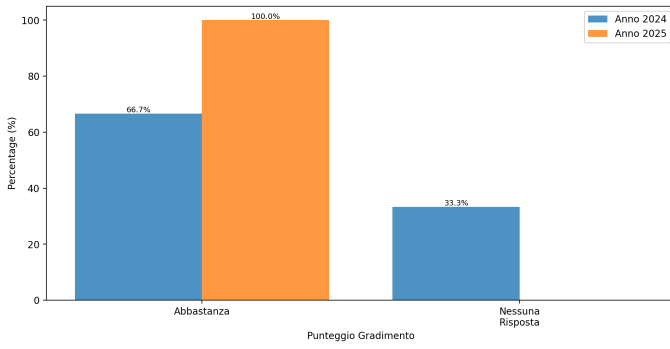
E' soddisfatto/a dell'accoglienza e delle informazioni ricevute in residenza?2



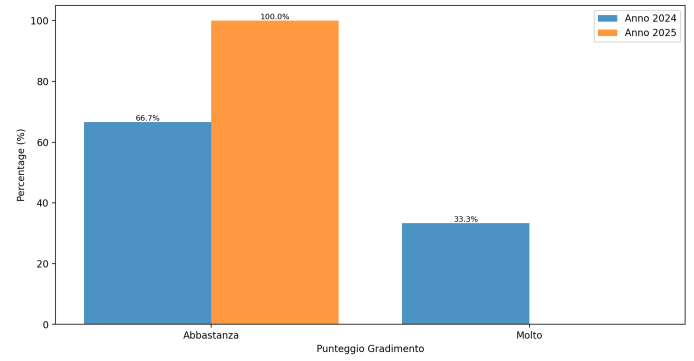
E' soddisfatto/a della Carta dei Servizi (indicazioni in merito ai servizi disponibili e alle modalità per usufruirne)?3



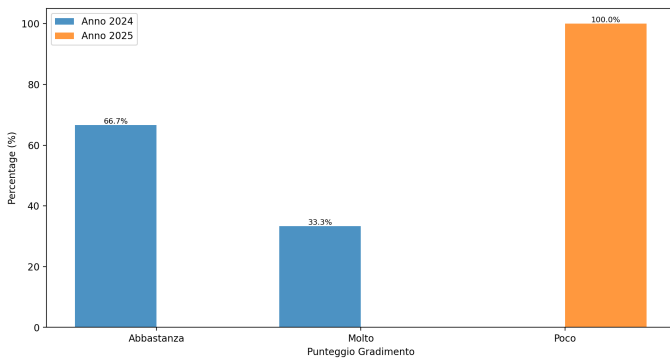
E' soddisfatto/a degli orari di apertura al pubblico degli uffici amministrativi e dell'accessibilità alle informazioni?4



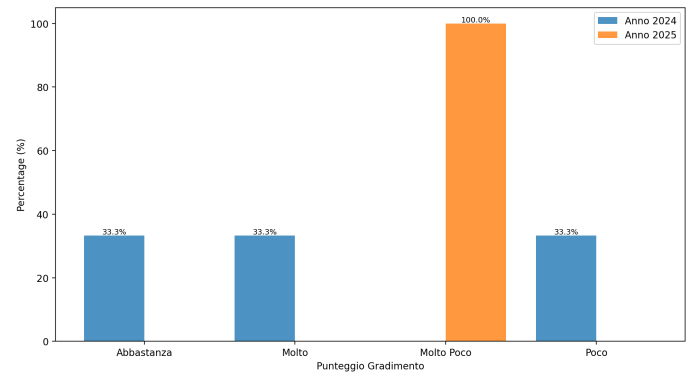
Ambienti comuni: aspetto, comodità, temperatura, ventilazione, luminosità5



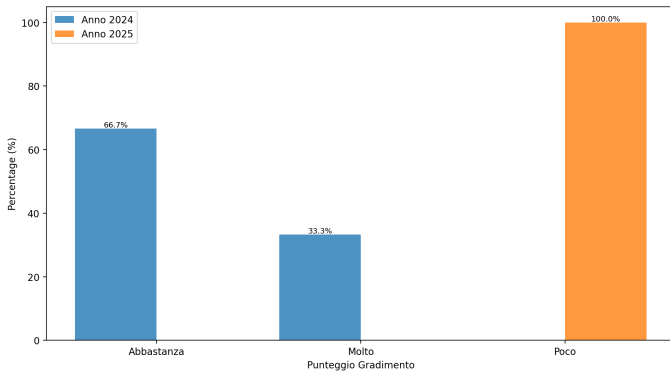
Camera personale: comodità, dimensione, arredo, temperatura, luminosità6



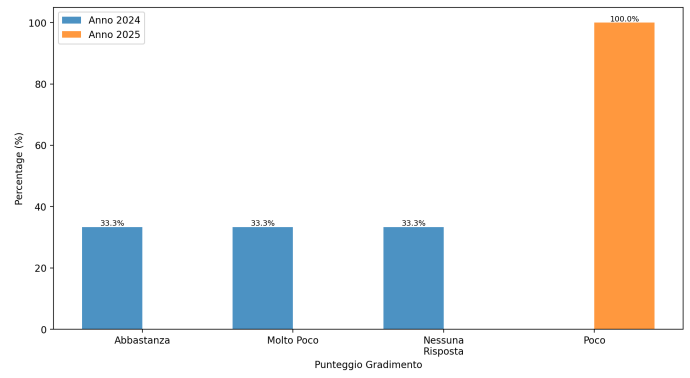
Cura dedicata all'igiene personale7



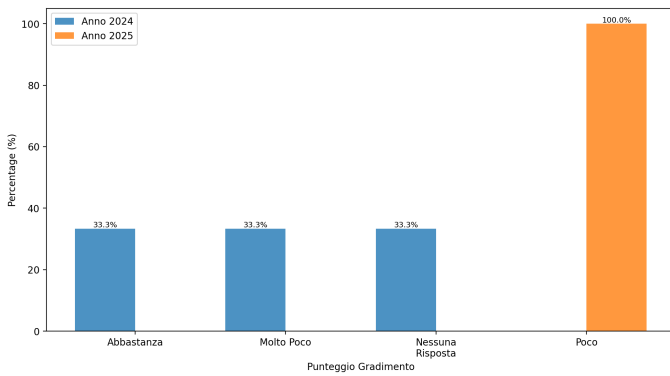
Pulizia dei servizi igienici e degli ambienti⁸



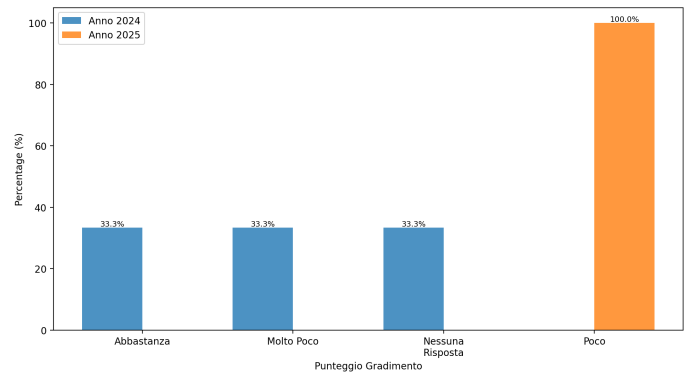
Qualità dei pasti⁹



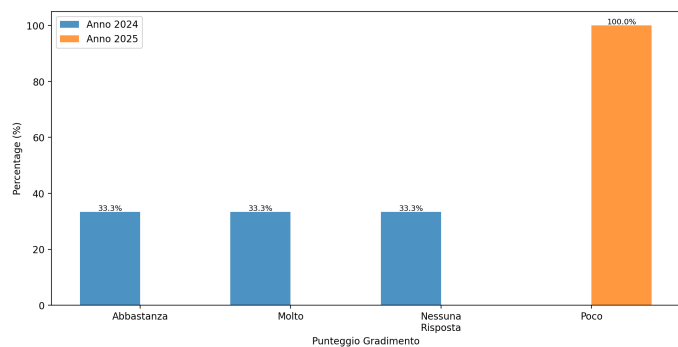
Quantità dei pasti¹⁰



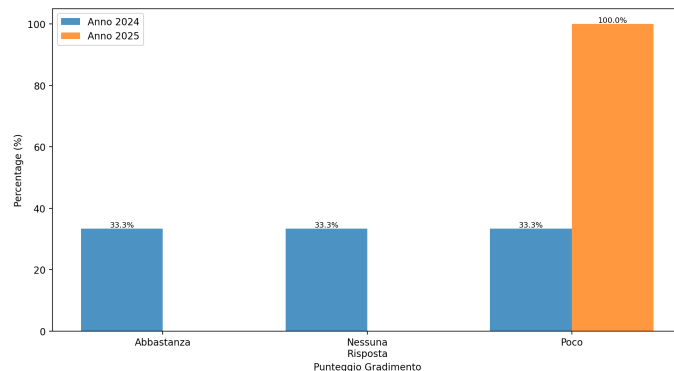
Varietà del menu¹¹



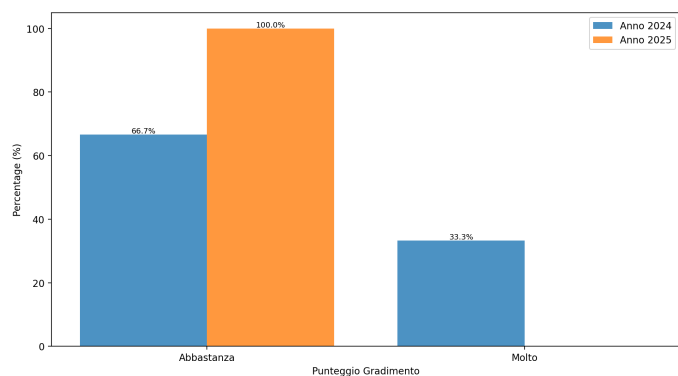
Possibilità di modificare i cibi in presenza di disturbi di masticazione, di deglutizione o per i suoi problemi di salute12



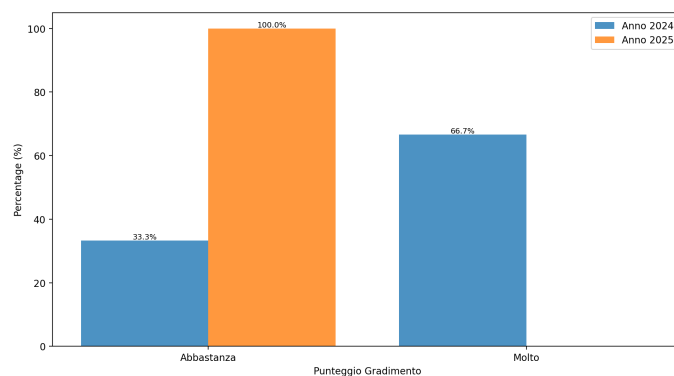
E' soddisfatto/a del servizio lavanderia?13



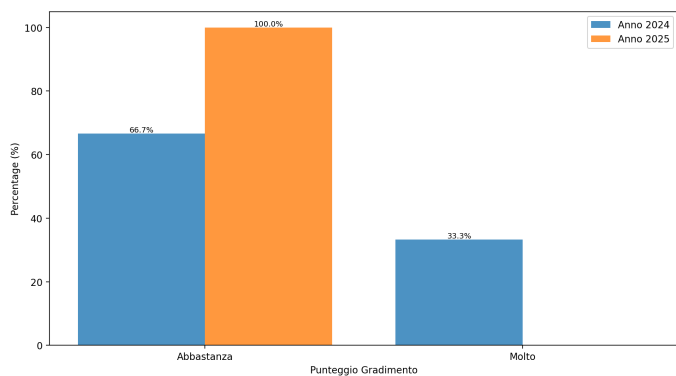
Orari apertura alle visite14



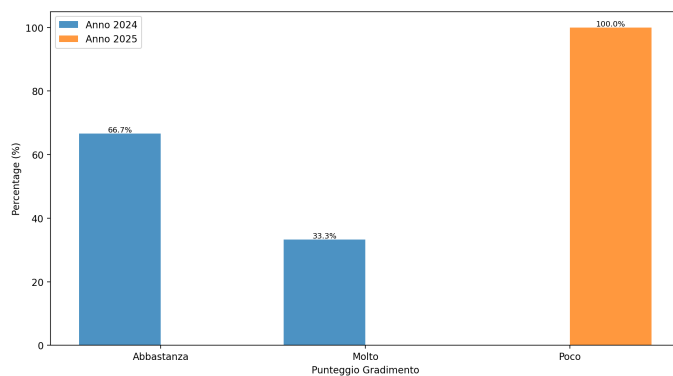
Orari pasti15



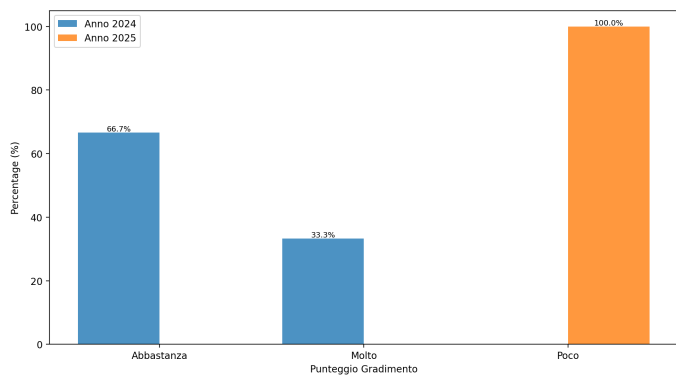
Orari sonno / veglia16



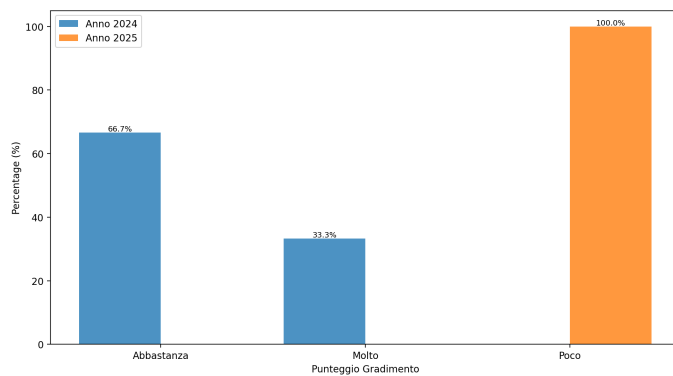
Personale ausiliario17

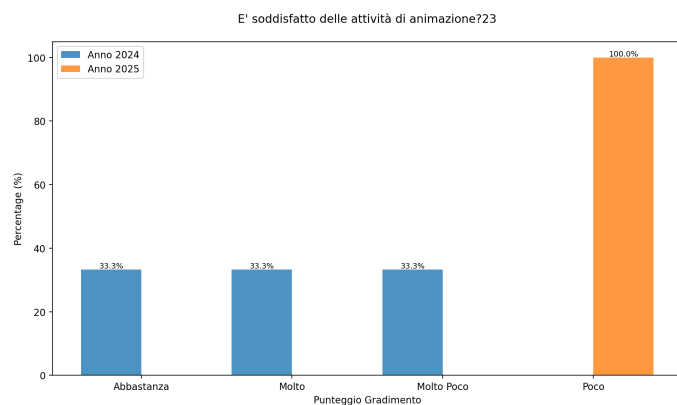
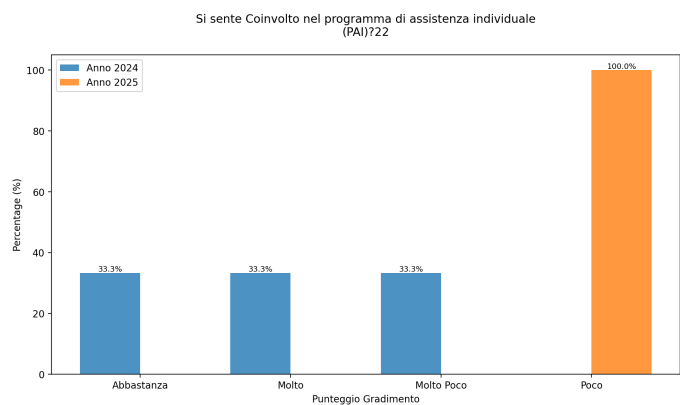
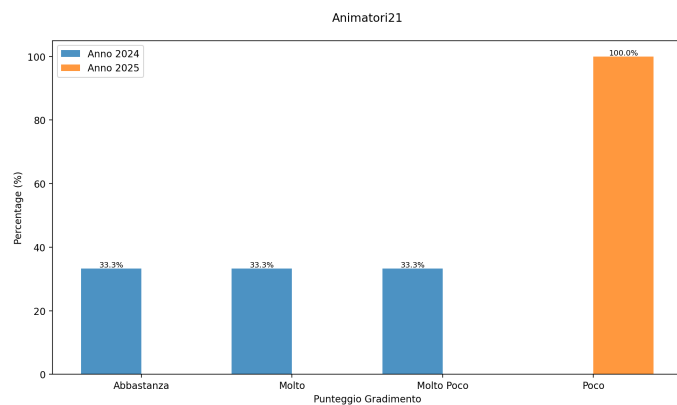
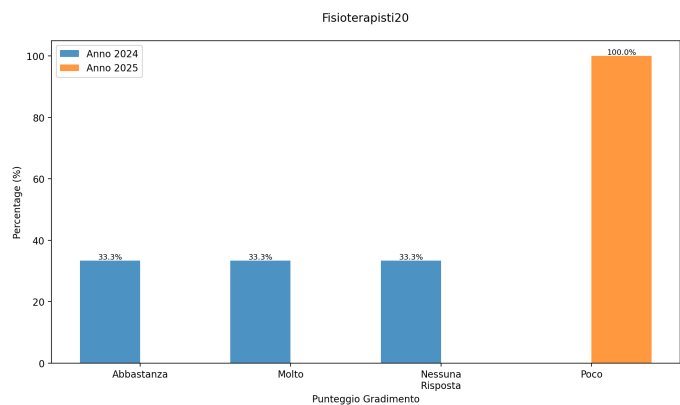


Infermieri18

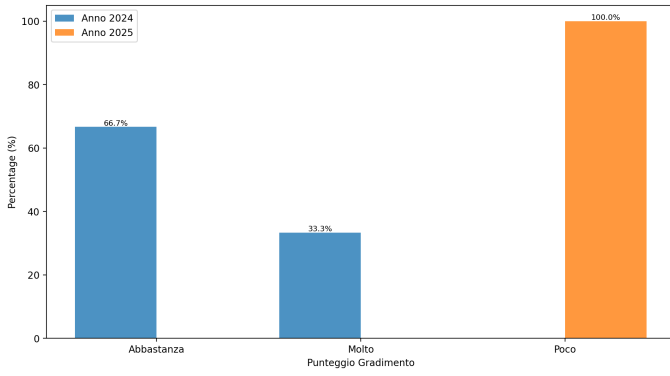


Personale medico19

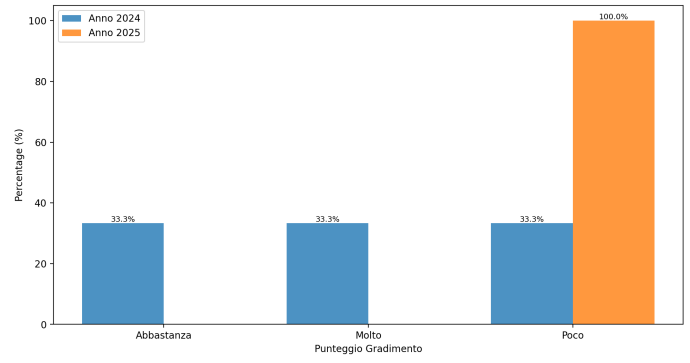




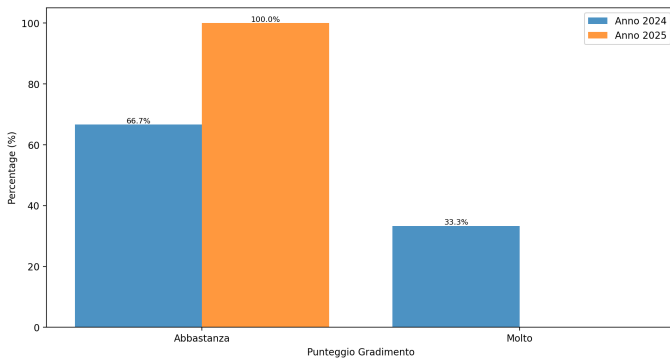
E' soddisfatto delle attività di fisioterapia?24



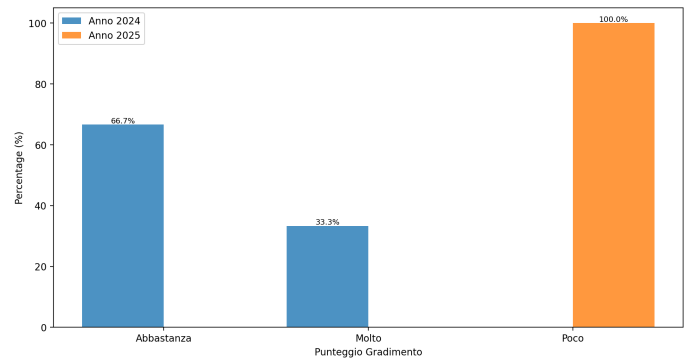
E' soddisfatto del rispetto della sua intimità e della sua privacy?25



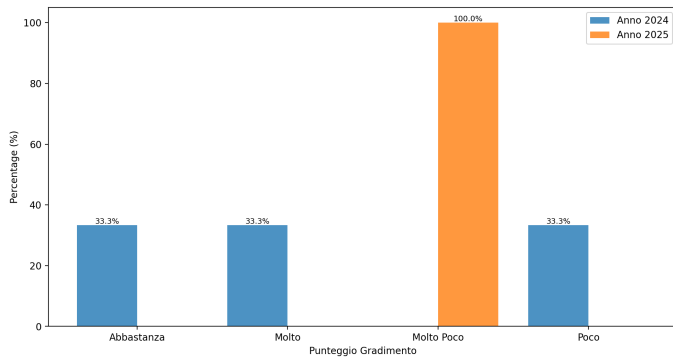
E' soddisfatto/a del rapporto umano con gli altri ospiti / familiari?26



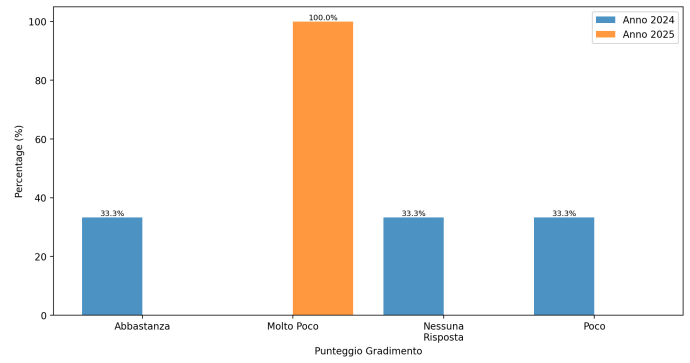
E' soddisfatto/a del rapporto umano con il personale che si occupa di lei?27



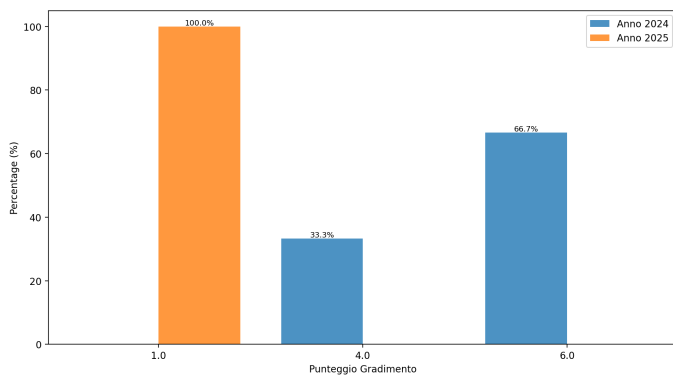
Percepisce cortesia, disponibilità e umanità da parte del personale nei suoi confronti?28



E' soddisfatto, complessivamente, dei servizi offerti dal centro?29



Come valuta complessivamente il servizio offerto?30



Consiglierebbe ad altri questa struttura?31

