What matters to you?

We aim to provide you with a **consistent level of quality care** and support during your stay with us. Please feel free to comment on any aspect of your maternal care. We welcome your feedback to help us to continue to improve our care and support to you / your whānau / support people. *Thank you.*

1. **What was the most important issue to you / your partner / family / whānau during your stay?** *(Tick all that apply)*

   - [ ] Breastfeeding support and/or information
   - [ ] Facilities
   - [ ] Information provided
   - [ ] Standard of care
   - [ ] Visiting hours
   - [ ] Your birthing choices were respected and supported
   - [ ] Your cultural/spiritual needs were respected
   - [ ] Your privacy was respected
   - [ ] Other (please specify)

2. **What were the best things about the care we provided? / What should we continue doing?**

3. **How could we improve the care we provide?**
4. **Which Facility provided the care?**
   - [ ] Grey Base Hospital
   - [ ] Gloriavale Community
   - [ ] Kawatiri Birthing Unit

5. **When was this care provided?**

   

**Please tell us a little about yourself**

6. **Was this your first baby / pepi?**
   - [ ] Yes
   - [ ] No

7. **Which ethnic group do you identify with?** *(Tick as many as apply)*
   - [ ] NZ Maori
   - [ ] Niuean
   - [ ] NZ European
   - [ ] Samoan
   - [ ] Cook Island Maori
   - [ ] Chinese
   - [ ] Indian
   - [ ] British
   - [ ] Other Ethnicity *(please specify)*

8. **Please tell us your age?**
   - [ ] 15 – 19 years
   - [ ] 20 – 29 years
   - [ ] 30 – 39 years
   - [ ] 40+ years

9. **If you would like us to contact you to discuss anything further, please provide your name and a contact number and / email. Thank you.**

   

Please fold, staple or tape and drop in a post box, or in one of the suggestion boxes.
To: Quality Facilitator
Hospital Services
Medical Administration
Grey Base Hospital
P O Box 387
Greymouth 7805