

Please include your name and address below if you would like to be entered into our draw.

First Name _____

Surname _____

House number/name _____

Street _____

Town _____

County _____

Post Code _____

Country _____

Please enter me in the £50 draw.

Rules for cash draw:

Thank you for completing the Breakspear Medical Group Guesthouse Satisfaction Questionnaire. By completing the form and supplying your name and address above as well as ticking the box "Please enter me in the £50 draw", you will be entered in the 2006 draw. By providing this information, you are stating that you have read the rules and understand them. If you have any questions about the rules below please contact us and we will do our best to answer all of your questions.

Entries may be completed by Breakspear Hospital patients or carers over the age of 18 who have stayed overnight at Breakspear Medical Group's guesthouse, Montrose, within the last calendar year. Only one entry per person per stay at Montrose will be accepted.

The draw for the cash prize will be completed on 15 December 2006 at 5:00pm. All entries must be received by 4:59pm on the draw date. There are no substitutions for the prize. The odds of winning are dependent upon the number of valid entries received.

The winner will be notified in writing by Breakspear Medical Group and notification will be sent to the winner's provided address only.

Breakspear Medical Group
Hertfordshire House
Wood Lane
Hemel Hempstead, Hertfordshire
HP2 4FD
United Kingdom

Please
affix
stamp
here



Breakspear
Medical Group Ltd

Montrose Guesthouse Satisfaction Questionnaire



Win £50 for
completing this
questionnaire!



We would be grateful if you would take a few minutes to complete this questionnaire in order to help us improve our service to you.

Please complete each section of this questionnaire by ticking the appropriate box. When this form is completed, please place it in the suggestion box near Reception before your departure. Alternatively, please fold, tape closed and affix a stamp to return by mail.

No personal information will be released to any other party.

Thank you in advance for taking the time to complete this form.

If you would like to enter the draw for £50, please provide your name and address, and indicate that you wish to enter the draw by ticking the appropriate box.

Arrival date: (dd/mm/yy) ____ / ____ / ____

Is this your first visit to Montrose?

Yes No

Are you Male Female

Age group (in years):

0-14 15-34 35-54 55-75 75+

How far in advance did you book your room?

Days 1 week 2-3 weeks More than 3 weeks

How much time per year do you stay at Montrose?

Days 1 week 2-3 weeks More than 3 weeks

Please base all your answers on this visit only.

First impressions

	Excellent	Very good	Good	Fair	Poor
Information prior to arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided upon arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General maintenance of guesthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safe at guesthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall impressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Guest services

Efficiency of making reservations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly and helpful staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast quality and service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening meal quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall service at guesthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bedroom quality

Quality of room furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiet room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everything in the room works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation of the bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you requested a specific bedroom, please explain what it is about that room which you require.

Shared facilities

	Excellent	Very good	Good	Fair	Poor
Quality of kitchen facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General impression of shared facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall evaluation

Overall satisfaction with your stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for the price you paid at this guesthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Guesthouse use

	Not likely	Might do	Definitely	Extremely likely
How likely would you be to recommend this guesthouse to other patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely are you to make a return visit to this guesthouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have visited Montrose before, do you think the guesthouse is

getting better staying the same getting worse

Did you experience any problems during your stay?

No Yes*

*If yes, was the problem about (choose the most important)

your room services impressions

Please tell us about the problem (use more space if needed).

Did you report this problem to anyone at the guesthouse or hospital?

No Yes

Was this problem resolved to your satisfaction?

No Yes