



Celebrating 20 Years of Quality Patient Care

Dear Patient:

It was our pleasure to serve you at Center for Surgery. We hope that your visit with us was as comfortable as possible.

You have a right to expect the best medical care at our center. Your satisfaction with our service is very important to us. If you will help us by filling out this questionnaire, we will know in what ways we are providing high-quality health care and where we need to improve our patient services.

Your comments and responses will be kept strictly confidential unless you suggest otherwise.

Thank you for your assistance.

Sincerely,

Chris Clinton

RN, CAPA, Administrator

Patient Satisfaction Survey

Please circle **one** letter for the answers below:

- A** - Excellent
- B** - Good
- C** - Satisfactory
- D** - Unsatisfactory
- F** - Poor

1. What was your overall impression of the surgery center? **A B C D F**

2. How would you rate our assistance to you prior to your arrival? **A B C D F**

3. Received a call from Center for Surgery staff and given clear instructions about any upcoming surgery:
n/a yes no

4. Given a clear explanation of billing procedures, payment plans and insurance requirements:
n/a yes no

How would you rate our business

office staff:

- Prompt **A B C D F**
- Efficient **A B C D F**
- Courteous **A B C D F**
- Respected my confidentiality and personal dignity **A B C D F**

How would you rate the accommodations?

- Cleanliness **A B C D F**
- Pre-Op **A B C D F**
- Recovery **A B C D F**
- General Atmosphere **A B C D F**

How would you rate the nursing staff?

- Prompt **A B C D F**
- Efficient **A B C D F**
- Courteous **A B C D F**
- Sensitive to my needs / condition **A B C D F**
- Questions or concerns adequately addressed **A B C D F**

How was your treatment in the following areas (if applicable)?

- Waiting Room **A B C D F**
- Pre-Op **A B C D F**
- Surgery Suite **A B C D F**
- Recovery Room **A B C D F**

5. After you returned home, did a nurse telephone to inquire about your progress?
n/a yes no

6. Would you recommend the center to a friend or relative? yes no

The decision to use the surgery center was

made by:

- my doctor
- myself
- friend/family
- employer
- insurer

Other (specify) _____

7. After the surgery, did you have any problems with your recovery at home?
yes no

If yes, please explain: _____

8. How could we improve our service to you?

Name (optional): _____

Phone (optional): _____

THANK YOU!
PLEASE FOLD, SEAL, STAMP AND MAIL