



Patient Satisfaction Survey

	Excellent	Fair			Poor
1. Please rate the quality of the Surgery Center:					
a) Reception area:					
Interaction with front office Staff	5	4	3	2	1
Required paperwork at registration	5	4	3	2	1
Did you receive the required paperwork from the surgeon's office before your procedure?					
	yes			no	
b) Patient care area:					
Phone call from the nurse before your procedure	5	4	3	2	1
Interaction with staff before your procedure	5	4	3	2	1
Interaction with anesthesia staff	5	4	3	2	1
Interaction with operating room staff	5	4	3	2	1
Interaction with staff after your procedure	5	4	3	2	1
2. Please rate the quality of information and education you received regarding your procedure:					
a) From the Surgery Center staff	5	4	3	2	1
b) From the surgeon	5	4	3	2	1
3. How well did the staff protect your dignity and privacy, and ensure your comfort?	5	4	3	2	1
4. Please indicate your level of confidence in the care provided to you by the Surgery Center staff.	5	4	3	2	1
5. Please rate the cleanliness and appearance of the Surgery Center:	5	4	3	2	1
a) Reception area	5	4	3	2	1
b) Patient care area	5	4	3	2	1
6. How would you rate your overall Surgery Center experience?	5	4	3	2	1
7. What did you like best about your experience at the Surgery Center? What did you like least?					

Best: _____

Least: _____

8. Do you have any other comments or suggestions?

**Thank you for taking the time to complete this survey and share your ideas.
Please insert in envelope and drop in mail or hand deliver to the Center.
No postage necessary.**

For Internal Use Only

Number: _____ DOS: _____ Received: _____ Input: _____