



Patient Satisfaction Survey

Ratings as follows: **1 = Agree** **2 = Disagree** **3 = Not Applicable**

(Please check appropriate box)

| | 1 | 2 | 3 |
|--|----------|----------|----------|
| I was given a pre-operative phone call to go over my history and have my questions answered before my procedure. | | | |
| When contacting the facility, the phone staff was helpful. I was treated in a courteous and professional manner. | | | |
| The registration and business staff were helpful and courteous. | | | |
| The waiting room was comfortable. | | | |
| The waiting time prior to my procedure was reasonable. | | | |
| Our facility was clean. | | | |
| My family was adequately informed throughout my visit. | | | |
| My physician spent adequate time with me or my family prior to my procedure answering my questions. | | | |
| The nursing staff was concerned for my comfort. | | | |
| The Pre-op nurse was knowledgeable, competent and friendly. | | | |
| The Operating Room nurse was knowledgeable, competent and friendly. | | | |
| The Post-op nurse was knowledgeable, competent and friendly. | | | |
| My pain level was expected and well controlled. | | | |
| Adequate time was allowed for my recovery at the facility. | | | |
| My home care instructions were clear and helpful. | | | |
| My privacy was respected always. | | | |
| When I was contacted following my procedure, the clinical staff was concerned for my progress and comfort. | | | |

Please give us the date of your procedure/surgery: _____

Any comments or suggestions?

Patient Name (may remain anonymous) _____