

PATIENT SATISFACTION SURVEY

Please select the last outpatient surgery or procedure you received. Rate only that service and visit.

Ophthalmology (eye)

Other: _____(Please Specify)

Background Questions (Write in answer or check box as appropriate)

1. Date of Procedure: _____/_____/_____

2. Was this your first visit as a patient to our Ambulatory Surgery Center? Yes No

Instructions: Please rate the outpatient surgery you received from our facility. Rate only the service you selected above. Check the box that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on positive or negative things you may have experienced at our facility.

A. Registration	Poor	Good	Excellent
1a. If you spoke with the Surgery Center by phone regarding financial matters, helpfulness of the person you spoke with.			
2b. On your surgery date, helpfulness of the person at the registration desk.			
3c. Ease of contacting Surgery Center staff regarding any matters relating to your surgery.			

B. Facility and Comfort in Lobby	Poor	Good	Excellent
1a. Attractivness of the Surgery Center			
2b. Cleanliness of the Surgery Center			
3c. Overall comfort of patients and family in the waiting area.			

C. Pre-Op Call	Poor	Good	Excellent
1a. Information you received prior to surgery regarding time of surgery, preparation, instructions.			
2b. Concerns regarding your surgery handled in a courteous and professional matter.			

D. Your care prior to surgery	Poor	Good	Excellent
1a. Friendliness/ courtesy of the nurses.			
2b. Skill of the nurse starting the IV.			
3c. Information given by pre-op staff answered questions and met your needs.			
4d. Nurses concern for your comfort prior to surgery.			

E. Your care during surgery	Poor	Good	Excellent
1a. Friendliness/courtesy of operating room staff.			
2b. Nurses concern for your comfort during surgery			
3c. Your confidence in the skill of the nurses.			

F. Your care after surgery	Poor	Good	Excellent
1a. Nurses concern for your comfort after the procedure.			
2b. Instructions given to patient and family met your needs.			
3c. Your confidence in the skill of the nurses.			

G. Personal Issues	Poor	Fair	Excellent
1a. Information provided about delays (if you experienced delays)			
2b. Our concern for your privacy.			
3c. Nurses courtesy towards family who accompanied you.			
4d. Length of stay at Surgery Center equal to what you expected.			
5e. Response to concerns/complaints made during your visit.			

H. Overall Assesment	Poor	Fair	Excellent
1a. Overall rating of care received during your visit.			
2b. How well staff worked together to care for you.			
3c. Safety felt in our facility.			
4d. Likelihood of your recommending our Ambulatory Surgery Center to others.			

Comments (describe good or bad experience):

Name (optional): _____

*****Thank you for your time and comments*****