



**Patient Satisfaction Survey**

Pre- Op Financial Interview and Nurse Interview

	Poor	Fair	Good	Very Good	Excellent
Were your financial arrangements discussed courteously to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How clear and complete was the nurse on instructing you about how to prepare for your surgery or procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Day of Surgery

*Before your surgery.....*

	Poor	Fair	Good	Very Good	Excellent
How promptly were you greeted when you arrived?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How clear was the explanation about your surgery or procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

*After your procedure.....*

	Poor	Fair	Good	Very Good	Excellent
How satisfied were you with your pain control while you were here at the surgery center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How clear was the explanation about how to take care of yourself at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

General Opinions

	Poor	Fair	Good	Very Good	Excellent
What is your opinion of the helpfulness and courtesy of the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you feel about the protection of your privacy during your visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did Congress Medical Surgery Center meet your overall expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like most about the facility?

What did you like least about the facility?

How did you learn about the facility?

Were there any problems that you did not anticipate?

Please give any suggestions on how we might improve our service.