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PATIENT SATISFACTION QUESTIONNAIRE

Dear Patient:

Your answers and suggestions on the following questionnaire will help us continue to improve the services we provide you. Please take a few minutes to give us this important information. Thank you!

		Excellent	Good	Fair	Poor
1.	*The surgical procedure was discussed to my satisfaction prior to the event?*	10 9	8 7	6 5 4	3 2 1
2.	*The date and time of the procedure was clearly reviewed?*	10 9	8 7	6 5 4	3 2 1
3.	*The events of the surgical schedule proceeded on time?*	10 9	8 7	6 5 4	3 2 1
4.	*The environment was comfortable and organized?*	10 9	8 7	6 5 4	3 2 1
5.	*The staff was available to answer questions and explain procedures?*	10 9	8 7	6 5 4	3 2 1
6.	*Information regarding the post operative care was clearly reviewed?*	10 9	8 7	6 5 4	3 2 1
7.	*Post operative nourishment was adequate?*	10 9	8 7	6 5 4	3 2 1
8.	*Prescriptions were given and discussed?*	10 9	8 7	6 5 4	3 2 1
9.	*The facility's hours were convenient?*	10 9	8 7	6 5 4	3 2 1
10.	*The staff was courteous, efficient and professional?*	10 9	8 7	6 5 4	3 2 1
11.	*Pre-operative teaching was helpful?*	10 9	8 7	6 5 4	3 2 1
12.	*Course of anesthesia was satisfactory?*	10 9	8 7	6 5 4	3 2 1

Other:

1. *What did you find most informative about the facility?* ___ *Staff* ___ *Brochure*
2. *What did you like most about the facility?* _____
   _____
3. *What did you like least?* _____
   _____
4. *How did you learn about the facility?* _____
5. *Were there any problems that you did not anticipate?* _____
   _____
6. *Please give us two suggestions on how we might improve our service.*

(1) _____

(2) _____

Name: _____ *Surgery Date:* _____
(Optional)

Thank you for taking time to complete this information. We value our patient's comments.