

PATIENT POST-OPERATIVE SURVEY

Today's Date: _____ Date of Surgery: _____

Surgeon: _____

Admitting

- | | Yes | No | N/A |
|--|-------|-------|-------|
| 1. Did you find our staff professional and courteous? | _____ | _____ | _____ |
| 2. Was the check-in process timely and efficient? | _____ | _____ | _____ |
| 3. Were your insurance or financial arrangements discussed courteously and to your satisfaction? | _____ | _____ | _____ |

Please feel free to offer additional comments, or provide a testimonial.

Physicians

- | | | | |
|---|-------|-------|-------|
| 1. Did you receive adequate information from your doctor about your surgery or procedure? | _____ | _____ | _____ |
| 2. Were your anesthesia needs met? | _____ | _____ | _____ |

Nursing

- | | | | |
|--|-------|-------|-------|
| 1. Were the nurses professional and courteous? | _____ | _____ | _____ |
| 2. Were the nurses responsive to your medical and personal needs? | _____ | _____ | _____ |
| 3. Were you given the privacy you needed? | _____ | _____ | _____ |
| 4. Were your discharge and follow-up instructions explained clearly? | _____ | _____ | _____ |
| 5. Did you receive a written copy of your discharge instructions? | _____ | _____ | _____ |

General

- | | | | |
|---|-------|-------|-------|
| 1. Did you and your family find the Surgery Center clean and comfortable? | _____ | _____ | _____ |
| 2. Were you physically comfortable during the procedure? | _____ | _____ | _____ |
| 3. Have you recovered as expected? | _____ | _____ | _____ |
| 4. Will you recommend the Surgery Center to others? | _____ | _____ | _____ |
| 5. Did you feel you were made to wait too long at any time? If so, when? | _____ | _____ | _____ |

6. Any suggestions for ways to improve the Surgery Center and our services?

	Very Good	Good	Poor
7. Overall, how would you rate your experience at the Surgery Center?	_____	_____	_____

Name (optional) _____