

TALLGRASS SURGICAL CENTER

Patient satisfaction survey

Please rate the quality of the information and instructions given to you.

1.- Prior to surgery

Excellent Good Fair Poor

2.- Regarding Anesthesia

Risks/complications/choices:
Excellent Good Fair Poor

3.- Prior to discharge (home care):

Excellent Good Fair Poor

Please rate the level of courtesy and professionalism displayed by the staff:

4.- Admissions/Billing

Excellent Good Fair Poor

5.- Pre Op (Before Surgery)

Excellent Good Fair Poor

6.- OR Staff (During Surgery)

Excellent Good Fair Poor

7.- Post Op (After Surgery)

Excellent Good Fair Poor

8. Please rate the level of care and personal interest you received from your physician.

Excellent Good Fair Poor

9. Please rate how your pain was managed.

Excellent Good Fair Poor

10. Please rate the cleanliness and comfort of the facility.

Excellent Good Fair Poor

11. Please rate the protection of your privacy.

Excellent Good Fair Poor

12. Please rate the treatment and courtesy given to your family member/caregiver.

Excellent Good Fair Poor

13. Please rate the convenience of having your procedure performed at our facility.

Excellent Good Fair Poor

14. Please rate your overall experience and the care you received.

Excellent Good Fair Poor

15. Were you notified of your surgery time within 48 hrs?

___ Yes ___ No

16. Why did you choose our facility?

___ Physician ___ Insurance
___ Cost ___ Other:

17. Please let us know any comments or suggestions you have. What did you like most/least about the facility?

We are grateful for you taking the time to complete this survey and helping us to continue to improve our services. We hope you will choose us again in the future.

Nancy Henry
Administrator

Date of procedure: _____

Name (optional): _____

Surgeon's name: _____

May we contact you about your comments/concerns? ___ Yes ___ No