

# SURGICENTER

## PATIENT SATISFACTION SURVEY

We value your comment as a recent patient at our facility and we would appreciate if you would take a few minutes to complete the following survey. After completion, please print the survey and mail to:

**Suite 100, 1306 Kanawha Boulevard, East, Charleston, WV 25301**

We appreciate any comments or suggestions that would help us improve our services.

Patient Name: _____	Physician: _____	Date: _____
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Were you given pre-operative instructions that you could clearly understand before the surgery date?	YES	NO	N/A	
Were you treated with courtesy and respect?	YES	NO	N/A	
Did staff listen to your concerns?	YES	NO	N/A	
Did staff explain things in a way you could understand?	YES	NO	N/A	
Did the doctor explain things in a way you could understand?	YES	NO	N/A	
Did you feel involved in the decision(s) regarding your care?	YES	NO	N/A	
Were you involved in the identification of your surgery procedure and site?	YES	NO	N/A	
Was your pain controlled during your facility stay?	YES	NO	N/A	
Did you receive understandable discharge instructions?	YES	NO	N/A	
Did our staff respect your rights and needs (confidentiality, privacy, and security)?	YES	NO	N/A	
If you had a complaint, was the appropriate action taken in a reasonable period of time?	YES	NO	N/A	
Would you recommend this facility to your friends and family?	YES	NO	N/A	

Please make any comments or suggestions to help us improve our services to you and other patients:


Would you like to discuss the care you received with someone at the SurgiCenter?

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If yes please provide your:

Name: _____	Phone: _____	Best time to call: _____	AM/PM
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