

Sample Patient Satisfaction Survey

XYZ Surgery Center

Our Phone Assistance

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Scheduling a convenient appointment with the Surgery Center was not a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When contacting the facility, the phone staff was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Suggestions:

General Information Prior to Surgery

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The instructions I received prior to surgery were helpful and adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior to my visit, my financial responsibilities were discussed and my questions answered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The directions to the facility were clear and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Suggestions:

Upon Arrival

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Parking was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The registration and business staff were courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My waiting time prior to surgery was reasonable and as expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Suggestions:

Our Facility

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Campus of XYZ ASC was clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The decor of XYZ ASC was attractive and cheerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The family waiting area was comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient waiting area was comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or
Suggestions:

Our Nursing Care

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Prior to surgery, the nursing staff was courteous and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nursing staff was concerned for my comfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nursing staff was knowledgeable and competent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or
Suggestions:

Our Anesthesia Care

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The anesthesia staff was courteous and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The anesthesia staff spent adequate time reviewing my anesthesia care and answering my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Suggestions:

Your Surgeon

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
My surgeon was courteous and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before my surgery, I received adequate explanations regarding my procedure and my questions were answered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After my surgery, my surgeon explained the results of my surgery/procedure to me or my family and answered my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments or Suggestions:	<input type="text"/>				

Your Family

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
My family was adequately informed throughout my visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments or Suggestions:	<input type="text"/>				

Your Privacy

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
My privacy was respected at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments or Suggestions:	<input type="text"/>				

My Recovery in the Facility

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The recovery staff was courteous and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pain level was as expected and well controlled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate time was allowed for my recovery at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments or Suggestions:	<input type="text"/>				

Discharge Instructions

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
My homecare instructions were clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and helpful.

Comments or
Suggestions:

Home Follow-up

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

When I was contacted at home, the clinical staff was concerned for my progress and comfort.

Comments or Suggestions:

General Questions

Thank you again for your feedback, we have just a few final questions. Please complete the survey to be entered into our monthly drawing.

Was this your first visit to XYZ ASC? Yes No

Were you the patient? Yes No

Your gender? Male Female

Your Age Group? Under 16 16-24 25-34 35-44 45-54
 55-64 65 & Over

What did you like best about XYZ ASC?

What did you like least about XYZ ASC?

Your Overall Impressions

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

Overall, I am very confident in the care I received at XYZ ASC.

I will recommend XYZ ASC to my friends and family.

Comments or Suggestions:

Would you like to be contacted to discuss any problems or concerns? Yes No

Your name (optional)

Telephone

Would you like your survey responses to be anonymous to of XYZ ASC? Yes No

Source: Lakeland Surgical & Diagnostic Center in Florida. Adapted and reprinted with permission.