

# First Surgical Hospital Patient Satisfaction Survey

Thank you for completing this important questionnaire regarding your surgical visit. Your feedback is very important in helping us continue to provide the highest possible levels of care and comfort. Please return the survey in the enclosed envelope upon completion.

Your Surgeon's Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**Instructions: Please rate your agreement with the following statements based on your recent surgical experience, in only the center noted above. We welcome your comments as they help us learn about your experience and care.**

## Prior to My Surgery

The instructions I received prior to surgery were helpful and easy to understand.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

The Clerks and Receptionists were courteous and helpful  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

My waiting time prior to surgery was reasonable and as expected.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

Comments or Suggestions:

## Anesthesia Care

The Anesthesia Staff was courteous and friendly.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

The Anesthesia Staff spent adequate time reviewing my anesthesia care and answering my questions.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

Comments or Suggestions:

## Nursing Care & Communication

The Nursing Staff was courteous and friendly.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

The Nursing Staff was concerned for my comfort.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

The Nursing Staff explained things in a way I could understand.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

Comments or Suggestions:

## Surgeon Care & Communication

My Surgeon was courteous and friendly.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

My Surgeon spent adequate time with me explaining my procedure and answering my questions.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

My Surgeon explained things in a way I could understand.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

I will recommend my Surgeon to my family and friends.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

Comments or Suggestions:

## My Recovery in the Facility

The Recovery Staff was courteous and friendly.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

My pain level was as expected and well controlled.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

Adequate time was allowed for my recovery at the facility.  Strongly Agree  Agree  Disagree  Strongly Disagree  Not Applicable

Comments or Suggestions:

**Discharge Instructions & Home Follow-up**

My homecare instructions were clear and helpful.

When I was contacted at home, the Clinical Staff was concerned for my progress and comfort.

Comments or Suggestions:

Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

              

              

**Your Experience**

My privacy was respected at all times.

My family/ friends were adequately informed throughout my visit.

The facility was clean.

I felt safe while at the facility.

Comments or Suggestions:

Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

              

              

              

              

**Overall Rating of Surgeon and Facility**

Using any number from 0-10, where 0 is the worst surgeon possible and 10 is the best surgeon possible, what number would you use to rate your surgeon?

Best  10     9     8     7     6     5     4     3     2     1     0 Worst

Using any number from 0-10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate your care at this facility during your stay?

Best  10     9     8     7     6     5     4     3     2     1     0 Worst

**Your Overall Impressions**

Strongly Agree    Agree    Disagree    Strongly Disagree

Overall, I am very confident in the care I received at your facility.               

I will recommend your facility to my family and friends.               

What did you like the best about First Surgical Hospital?

What did you like the least about First Surgical Hospital?

Is there anything we could have done to improve your experience?

**About You**

Thank you again for your feedback, we have just a few final questions.

Were you the patient?    Yes     No

Patient's Gender?    Male     Female

Patient's Age Group:     Under 16     16-24     25-34     35-44     45-54     55-64     65 and Over

If you would like to be contacted to discuss any negative responses you may have provided, please select "Yes" and provide full contact information below.

Yes     No

Your Name (Optional): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_

Email (Optional): \_\_\_\_\_

If you have any medical questions or concerns, please contact your surgeon's office.

