

PATIENT SURVEY

DATE: _____ YOUR INITIALS: _____

Your opinion makes all the difference to us. We want your experience to be warm, comfortable, friendly and professional. We would greatly appreciate if you would take a few minutes of your time and share with us about your experience with Roxbury Surgery Center. All comments are appreciated.

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|-----|---|-----|---------|
| 1. | Was the waiting time reasonable for your surgery? | YES | NO |
| 2. | Was the surgical consent explained to you? | YES | NO |
| 3. | Did you feel the staff was knowledgeable and experienced? | YES | NO |
| 4. | Did the nursing staff answer your questions? | YES | NO |
| 5. | Were signs/symptoms of possible problems at home explained? | YES | NO |
| 6. | Did your surgeon speak to you following surgery? | YES | NO |
| 7. | If problems occurred at home did you know whom to call? | YES | NO |
| 8. | Did you receive discharge instructions? | YES | NO |
| 9. | Was your privacy provided for and respected? | YES | NO |
| 10. | Were you contacted with pre-operative instructions? | YES | NO |
| 11. | Please rate your overall surgical experience on a scale of 1 - 5
(1 poor, 2 below average, 3 average, 4 above average, 5 excellent). | 1 | 2 3 4 5 |

COMMENTS:
