



Patient Satisfaction Questionnaire

Now that you have had your surgery, we'd like to have your help in order to improve our service and to assure quality patient care. Below is a list of questions that can be answered easily and **you will remain anonymous** unless you wish to add your name to this sheet. Also, feel free to write any additional comments on the back. Please **RETURN this completed questionnaire** to the Surgicenter in the preaddressed envelope. Thank you for taking the time to complete this questionnaire.

1. How did you learn of The Center for Special Surgery? _____
 2. Did your physician explain/discuss your surgical procedure to your satisfaction? Yes No
 3. Were you well informed of the date and time of your surgery? Yes No
 4. Did your surgery begin at the approximate scheduled time? Yes No
 5. At home after your surgery, did you feel that you and those caring for you were given enough information on where to get assistance if needed? Yes No
 6. Were there any problems you did not anticipate? Yes No
- If yes, please explain _____

<i>PLEASE RATE THE FOLLOWING:</i>	<i>Extremely Satisfied</i>	<i>Very Satisfied</i>	<i>Somewhat Satisfied</i>	<i>Not Very Satisfied</i>	<i>Not at all Satisfied</i>
Courtesy of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of the staff to answer questions and explain procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable and clean environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks/nourishment to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of preoperative instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of postoperative instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What did you like most about The Center for Special Surgery? _____

8. How might we improve? _____

Please visit us on Yelp. Leaving a review helps us provide great care to future patients.

Date of your surgery: _____ Today's date: _____