

PATIENT SURVEY

DATE: _____ YOUR INITIALS: _____

YOUR OPINION MAKES ALL THE DIFFERENCE TO US. WE WANT YOUR EXPERIENCE TO BE WARM, COMFORTABLE, FRIENDLY AND PROFESSIONAL. WON'T YOU PLEASE TAKE A FEW MINUTES OF YOUR TIME AND LET US KNOW WHAT YOU LIKED (OR DIDN'T LIKE) ABOUT YOUR EXPERIENCE AT 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 get 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:
