

PATIENT SATISFACTION SURVEY

Please circle the number which best describes the patient's care:

1. Very Poor 2. Poor 3. Average 4. Very Good 5. Excellent NA. Not applicable

1. Do you feel the pre-surgery phone call from the Nurse here provided enough information to prepare you for surgery?	1	2	3	4	5	NA
2. Was the patient registration process simple?	1	2	3	4	5	NA
3. Do you feel the Pre-Operative & Post-Operative nursing staff maintained your privacy and provided attention to your needs and concerns?	1	2	3	4	5	NA
4. Please rate your overall anesthesia experience.	1	2	3	4	5	NA
5. Did the staff address your pain control needs during your visit?	1	2	3	4	5	NA
6. Did written and oral discharge instructions provide enough information for you and your family member?	1	2	3	4	5	NA
7. Were you treated in a courteous, professional and kind manner?	1	2	3	4	5	NA
8. How would you rate your overall experience?	1	2	3	4	5	NA

Please list any general comments or suggestions:

 Signature

 Date

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May we use your comments on our website or Facebook page? We will not include your name.
 Yes ___ No ___

How did you hear about us? ___ Billboard ___ Surgeon's Office ___ Been here before
 ___ Friend ___ Facebook ___ Website ___ Other: _____