

## 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:

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\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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 Yes \_\_\_ No \_\_\_

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