



SURGICAL PATIENT SATISFACTION SURVEY

Please take a moment to fill out this short survey. This will help to ensure that we are doing the best to serve you. On a scale of 1 to 4, please rate us with respect to the following items: 1–Unsatisfactory, 2-Average, 3 Above Average 4-Excellent NA-Not Applicable

Wait time from calling for your appointment to actual appointment date **1 2 3 4 NA**

Telephone etiquette when scheduling your appointment **1 2 3 4 NA**

Professionalism of check in receptionist **1 2 3 4 NA**

Cleanliness and amenities of the waiting area **1 2 3 4 NA**

Variety of Magazines **1 2 3 4 NA**

Cleanliness of Restrooms **1 2 3 4 NA**

Professionalism of assistant bringing you back to your exam room **1 2 3 4 NA**

Was everything explained to you so that you understood? (Place a number in the space following item)

Appointments _____ Examination _____ Treatment _____
 Preop Meds _____ Self Care _____ Insurance _____
 Payments _____

Cleanliness of the surgery treatment area **1 2 3 4 NA**

Professionalism of the surgery assistant **1 2 3 4 NA**

Do you consider the time that your surgery took to be reasonable **1 2 3 4 NA**

**Circle One. ..My treating surgeon/provider today was... Dr Harvey Kelly John Elise Hazzard
 Other _____**

Surgeon/Providers attentiveness to your problems or concerns **1 2 3 4 NA**

Satisfaction with surgeons/provider’s explanations of diagnosis or happiness with procedure performed **1 2 3 4 NA**

Overall, how would you rate our practice **1 2 3 4 NA**

Would you recommend our practice to others? **1 2 3 4 NA**

Comments: _____
