



PATIENT SATISFACTION SURVEY

In an effort to evaluate the services we provide to you, our customer, we would appreciate your evaluation of the experience you had at Santa Barbara Surgery Center. The information will assist us in making changes to improve our services. Thank you for providing us with your feedback.

Would you like to be contacted regarding your survey? Yes No

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The Admission Process					
1. The receptionist was pleasant and courteous.					
2. Any concerns I had about my financial arrangements and Insurance coverage were discussed with me.					
3. My wait time prior to surgery was reasonable. <ul style="list-style-type: none"> Please indicate where your wait time was unsatisfactory _____ 					
The Nursing Staff					
4. The instructions I received before the day of my surgery were sufficient.					
5. The nurses were concerned for my comfort, care and privacy.					
6. The nurses were skilled, efficient, and professional in the treatment they provided me.					
7. My pain during my stay, if I had any, was recognized and well controlled.					
My Surgeon					
8. My surgeon explained the details of my surgery in a sensitive, caring manner					
Privacy					
9. My privacy was respected at all times.					
The Physical Surroundings					
10. I felt safe and secure during my stay.					
11. The waiting area was comfortable.					
Discharge					
12. The discharge instructions were explained to me and/or my responsible adult, and were easy to understand.					
Overall					
13. Overall, I was satisfied with the services I received during my visit to the Surgery Center.					
Additional Comments:					

Name (Optional): _____

Date of Service: _____