



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 Aspen Surgery Center. This information will assist us in making changes to improve our services. Thank you for providing us with your feedback.

	Agree			Disagree		
The Admission Process						
1. The receptionist was pleasant and courteous.	5	4	3	2	1	
2. Any concerns I had about my financial arrangements and Insurance coverage were discussed with me.	5	4	3	2	1	N/A
The Nursing Staff						
3. The instructions I received before the day of my surgery were sufficient.	5	4	3	2	1	
4. The nurses were concerned for my comfort, care and privacy.	5	4	3	2	1	
5. The nurses were skilled, efficient, and professional in the treatment they provided me.	5	4	3	2	1	
6. My pain during my stay, if I had any was recognized and well controlled.	5	4	3	2	1	N/A
My Anesthesiologist (If Applicable)						
7. My anesthesiologist answered my questions adequately before surgery.	5	4	3	2	1	N/A
My Surgeon						
8. My surgeon explained the details of my surgery in a sensitive, caring manner.	5	4	3	2	1	
The Physical Surroundings						
9. I felt safe and secure during my stay.	5	4	3	2	1	
Discharge						
10. The discharge instructions were explained to me and/or my responsible adult, and were easy to understand.	5	4	3	2	1	
Overall						
11. Overall, I was satisfied with the services I received during my visit to the Surgery Center.	5	4	3	2	1	

What did we do that was most helpful or is there anything we could have done differently during your visit?

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Any additional comments, suggestions or safety concerns you might have for us?

If you prefer to complete the survey at home, a self addressed stamped envelope will be provided
Kathy Trost, Administrator Rita Rohit, Director of Business Operations