

Satisfaction Survey

DATE of procedure _____

INSERT LABEL

	Yes	No	Comments
1. I was treated in a courteous, professional, informative, and helpful manner by the staff.	_____	_____	_____
2. The staff who greeted me introduced him/herself and used privacy as able when questioning me.	_____	_____	_____
3. I understood my consent prior to signing it and the events that occurred while at the facility were explained to my satisfaction.	_____	_____	_____
4. Staff reviewed and confirmed my name, allergies, procedure to be done and confirmed physician performing the exam. This was again confirmed prior to the start of the exam.	_____	_____	_____
5. The physician and staff allowed time for my questions prior to starting the procedure.	_____	_____	_____
6. Staff offered extra blankets when cold and other comfort measures as needed..	_____	_____	_____
7. I was kept very comfortable during my procedure.	_____	_____	_____
8. My physician spoke to me / contact person (PHI) after the procedure.	_____	_____	_____
9. I received clear, complete, and understandable discharge instructions.	_____	_____	_____
10. Would you schedule future exams and or recommend this facility to others.	_____	_____	_____

Thank you for taking time to complete this survey, your comments and suggestion are appreciated.

STARK AMBULATORY SURGERY CENTER
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Canton, Ohio 44718

Satisfaction Survey

Reference 5007.C