

Sierra Ambulatory Surgery Center  
Patient Satisfaction Survey

Your assistance in completing this survey will further our center's efforts to provide the highest level of efficient, personalized care. We greatly appreciate you taking a few moments to express your opinion of the care you received. Please complete and return the form in the stamped, self-addressed envelope provided. We thank you for helping us make our center a success.

- |     |                                                                                                                                                |     |    |     |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 1.  | Was the office staff pleasant and helpful?<br>Comments: _____                                                                                  | Yes | No | N/A |
| 2.  | Were your business transactions conducted in a satisfactory manner?<br>Comments: _____                                                         | Yes | No | N/A |
| 3.  | Were your pre-op instructions adequate?<br>Comments _____                                                                                      | Yes | No | N/A |
| 4.  | Were you seen at your scheduled appointment time?<br>Comments _____                                                                            | Yes | No | N/A |
| 5.  | Was your surgery adequately explained to you?<br>Comments _____                                                                                | Yes | No | N/A |
| 6.  | Was your physician understanding, patient and caring?<br>Comments _____                                                                        | Yes | No | N/A |
| 7.  | Was your Anesthesia Provider understandable, patient and caring?<br>Comments _____                                                             | Yes | No | N/A |
| 8.  | Were the nurses patient, understanding and caring?<br>Comments _____                                                                           | Yes | No | N/A |
| 9.  | Was the facility clean and comfortable?<br>Comments _____                                                                                      | Yes | No | N/A |
| 10. | Were your post-op instructions clear?<br>Comments _____                                                                                        | Yes | No | N/A |
| 11. | Did you have any unexpected problems post-operatively such as pain, nausea, fever, a return to center or hospital admission?<br>Comments _____ | Yes | No | N/A |
| 12. | Would you recommend our services without hesitation?<br>Comment _____                                                                          | Yes | No | N/A |

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you!!*

\_\_\_\_\_  
Name (optional)