

Patient Satisfaction Survey

Dear Patient.

Thank you for choosing American Surery Center for your surgical procedure, when you leave our Center after your procedure, please take the time to respond to this satisfaction survey. We are always looking at how we may improve our care to provide outstanding care and exceptional service to our patients, and your comments are an important part of that process.

If you would like to address a complaint with your care at the center, or if you have a concern related to treatment, services or patient safety, you can speak directly with the Director of Nursing by calling 302-777-4800. You do not need to provide your name on this survey if you wish to remain anonymous.

*Please circle the number that reflects your satisfaction with your recent visit to the center with: 0=N/A; 1=Very**Dissatisfied** and **5=Extremely Satisfied**.

STAFF	0	5	4	3	2	1
The courtesy and friendliness of the reception area staff.						
The courtesy and professionalism of the nursing staff.						
The courtesy and helpfulness of the billing staff.						
THE FACILITY						
The appearance, comfort and cleanliness of the Center.						
The privacy of the environment.						
Your satisfaction with the wait times. (If unsatisfied, please explain below.)						
SURGICAL ENVIRONMENT						
Did the Anesthesiologist answer all of your questions?						
If you had local anesthesia or sedation, were you comfortable during the procedure?						
Was the staff attentive to your needs during your recovery?						
Were your needs met regarding any pain you experienced?						
Were you satisfied wih the instructions you were given for your care following surgery?						

OVERALL SATISFACTION

1. Would you recommend this facility to a family member or friend? YES _____ NO ____

2. Do you have any suggestions or comments to improve the level of care we provide? If additional space is needed, please use the back of this page.