



Thank you for choosing our Ambulatory Surgery Center for your care.

Your feedback helps us improve our services. Please take a few minutes to complete this survey.

All responses are confidential.

Please rate the following aspects of your experience:

Experience Area	Excellent	Good	Fair	Poor
Ease of scheduling your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of front desk staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of pre-operative instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait time before procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication from your surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort during your stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge instructions clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied were you with your overall experience?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

How likely are you to recommend our center to family or friends?

- Very likely
- Likely
- Not sure
- Unlikely
- Very unlikely

Please indicate your agreement with the statements below:

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff treated me with courtesy and respect.	<input type="checkbox"/>				
My questions were answered thoroughly.	<input type="checkbox"/>				
I felt safe during my visit.	<input type="checkbox"/>				

What did we do well?

What can we improve?

Would you like us to call you? Name:

Phone: