

Patient Survey

It was our pleasure to serve you! Thinking about you and your family member's visit, how would you rate our FACILITY on:

1 Information and instructions given to you before your procedure.

Excellent Very Good Good Fair Poor

2 Registration staff explanations about billing and insurance information.

Excellent Very Good Good Fair Poor

3 Information given to you regarding the potential risks/complications of type of anesthesia you received.

Excellent Very Good Good Fair Poor

4 Courtesy and professionalism of the nursing staff toward you and your family member/care giver.

Excellent Very Good Good Fair Poor

5 Level of personal interest and care you received from your doctor.

Excellent Very Good Good Fair Poor

6 Protection of confidentiality and personal privacy.

Excellent Very Good Good Fair Poor

7 Management of pain after your procedure.

Excellent Very Good Good Fair Poor

8 Instructions given to you upon discharge.

Excellent Very Good Good Fair Poor

9 Cleanliness and comfort of the facility.

Excellent Very Good Good Fair Poor

10 Your overall experience and the care you received at our facility.

Excellent Very Good Good Fair Poor

11 Did you experience any unexpected problems after your procedure?

Yes No

If yes, please explain,

12 What did you like most about the facility?

13 What did you like least about the facility?

14 Would you recommend the facility to your family and friends?

Definitely Probably Probably Definitely
 Yes Yes Not Not

15 Please list any general comments, suggestions or employee who provided exceptional service.

Type: Surgical Colonoscopy/Endoscopy
 Pain Management Other: _____

Date of Procedure: _____

Name (Optional): _____

Doctor's Name (Optional): _____

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