



2630 Westview Drive  
Wyomissing, PA 19610

**SURGERY CENTER PATIENT SURVEY**

The care of our patients is our chief concern and we are continually striving to improve the service of our surgical center. You can help us by answering the following confidential questionnaire. Thank you for your help in assuring high quality of care for our future patients.

Please rate your satisfaction below:

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Unknown
<b>Overall Impressions:</b>						
Ease of being admitted						
Waiting time in the reception area						
Privacy needs were met						
Staff treated you with courtesy and respect						
Safety needs were met						
<b>Care by your Physician:</b>						
Available to talk with you as needed						
Clearly answered all your questions						
<b>Care by Staff:</b>						
Sensitive to your needs						
Answered your questions satisfactorily						
Competent						
<b>Preparation for Discharge:</b>						
Received clear and detailed discharge instructions						
All questions answered prior to discharge						
Understood how to contact physician if needed						
<b>Overall Quality of Care and Services</b>						
<b>I would recommend this facility to family and friends:    <input type="checkbox"/> YES    <input type="checkbox"/> NO</b>						

In what way could we improve the care and services at the surgery center?

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Your Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Thank you very much for giving us your opinions. We will use this information in summarizing overall patient satisfaction and for quality improvement purposes only.