

| Name:            |  |  |
|------------------|--|--|
|                  |  |  |
| Date of Surgery: |  |  |

## CENTER FOR SPINE SURGERY Patient Satisfaction Survey

Please answer the following questions to help us evaluate our services. The Center for Spine Surgery values your opinion.

| Surgery   | Excellent | Very      | Good | Fair | Poor | Not              |
|---|-----------|-----------|------|------|------|------------------|
| Patient Satisfaction Survey   | 5         | Good<br>4 | 3    | 2    | 1    | Applicable (N/A) |
| 1. Was your pre-op call from the Surgery Center staff   |           |           |      |      |      |                  |
| thorough, timely and courteous?   |           |           |      |      |      |                  |
| 2. Were you greeted in a courteous, respectful, and   |           |           |      |      |      |                  |
| professional manner by the check in person at the Surgery   |           |           |      |      |      |                  |
| Center?   |           |           |      |      |      |                  |
| 3. Was the Surgery Center pre-operative/admitting   |           |           |      |      |      |                  |
| nursing staff helpful, courteous, and addressed any   |           |           |      |      |      |                  |
| questions you had?  |           |           |      |      |      |                  |
| 4. Were the instructions from your surgeon's office   |           |           |      |      |      |                  |
| explained clearly prior to your surgery?  |           |           |      |      |      |                  |
| 5. Did our Surgery Center Anesthesia Personnel explain  |           |           |      |      |      |                  |
| the anesthesia to you and address any questions you had?  |           |           |      |      |      |                  |
| 6. Did the Operating Room nurses and staff greet you in   |           |           |      |      |      |                  |
| a caring and courteous manner?  |           |           |      |      |      |                  |
| 7. Was the Surgery Center environment clean and   |           |           |      |      |      |                  |
| comfortable?  |           |           |      |      |      |                  |
| 8. Did your surgeon/staff explain your surgery and post-<br>operative course of recovery to you/your caregiver? |           |           |      |      |      |                  |
| 9. Were the Surgery Center recovery room nurses   |           |           |      |      |      |                  |
| courteous and professional?   |           |           |      |      |      |                  |
| 10. Did you and/or your caregiver understand your   |           |           |      |      |      |                  |
| discharge instructions from the Surgery Center and where  |           |           |      |      |      |                  |
| to find them?   |           |           |      |      |      |                  |
| 11. Did you understand how to manage your pain and  |           |           |      |      |      |                  |
| nausea at home? Were you instructed on the signs of   |           |           |      |      |      |                  |
| surgical site infection? And when to call your surgeon if   |           |           |      |      |      |                  |
| necessary.  |           |           |      |      |      |                  |
| 12. Did you receive a post-op call from the Surgery   |           |           |      |      |      |                  |
| Center the <b>business</b> day following your surgery?  |           |           |      |      |      |                  |
| 13. Would you recommend our Center for Spine Surgery  |           |           |      |      |      |                  |
| to a friend or relative?  |           |           |      |      |      |                  |

**Additional Patient Comments or Suggestions for Improvement:**