NORCAL SPECIALTY SURGERY CENTER
730 BENNETT VALLEY ROAD
SANTA ROSA, CA 95404
707.396.5200
Patient Satisfaction Survey

	Agree				Disagree
The Admission Process					
1. The receptionist was friendly and helpful	5	4	3	2	1
2. My wait time was acceptable to me	5	4	3	2	1
The Nursing Staff					
3. The nurses conducted themselves in a professional manner.	5	4	3	2	1
4. The nurses were concerned for my comfort, care, and privacy.	5	4	3	2	1
5. The nurses adequately explained what I should expect during my stay to my satisfaction.	5	4	3	2	1
6. I received instruction on how to manage my pain.	5	4	3	2	1
The Anesthesia Staff (Not applicable for those procedures not requiring an anesthesia provider, e.g. RN sedation only or pain procedure)					
7. The anesthesiologist answered my questions to my satisfaction.	5	4	3	2	1
My Surgeon					
8. My surgeon explained what I should expect during my stay to my satisfaction.	5	4	3	2	1
9. My surgeon answered all my questions clearly and in a way I could understand the information.	5	4	3	2	1
Discharge/Education					
10. My discharge instructions were explained and easy to understand	5	4	3	2	1
The Physical Surroundings					
11. I felt safe and secure during my stay	5	4	3	2	1
12. The following areas were clean and comfortable:					
Reception/Waiting	5	4	3	2	1
Pre-op	5	4	3	2	1
Recovery Room	5	4	3	2	1
Restrooms	5	4	3	2	1
13. I received a copy of the "Patient's Bill of Rights" before the day of my procedure. (Please circle one)	YES			NO	
14. I received a follow-up phone call from the surgery center (not applicable for pain procedures)	YES			NO	

Comments: Please use the back of this page if needed

15. During your visit did you see anything you feel/think could cause you or anyone else a risk to injury or safety?_____

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_____

16. Is there anything we could have done differently to improve your experience at our facility?

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17. Any additional comments or suggestions?_____

Procedure:_____ Surgeon Code (office use only)_____