

GWINNETT SURGERY CENTER, LLC
PATIENT SATISFACTION SURVEY
(Circle appropriate answer)

Post Procedure Survey

Date: _____

1. You had a(n) _____ today.
 2. Have you ever had this procedure in a hospital? **Yes** **No**
 3. If the answer to #2 is YES, which setting did you prefer? **Hospital**
Surgery Center
 4. Do you feel that you were given adequate pre-operative instructions? **Yes** **No**
 5. Who explained the procedure to you (circle all that apply):
Physician **Nurse** **Printed Material** **No One**
- Comments: _____

6. Was the nursing staff courteous? **Yes** **No**
Comments: _____

 7. Was the physician courteous? **Yes** **No**
Comments: _____

 8. Did you feel the Center's staff were competent? **Yes** **No**
Comments: _____

 9. Did you feel that you were given adequate post-procedure instructions? **Yes** **No**
Comments _____

 10. Were the payment procedures explained to you? **Yes** **No**
Comments: _____

 11. If you ever need another procedure like this, would you come back to the Ambulatory Surgery Center at Gwinnett Surgery Center, LLC? **Yes** **No**

Please explain why or why not: _____

Name (optional): _____