Thank you for completing this important questionnaire regarding your surgical visit. Your feedback is very important in helping us continue to provide the highest possible level of care and comfort.

Please select the name of the surgeon you saw this visit:

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Prior to My Surgery

The instructions I received prior to surgery were helpful and easy to understand.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree
- [ ] Not Applicable

The Clerks and Receptionists were courteous and helpful.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree
- [ ] Not Applicable

My waiting time prior to surgery was reasonable and as expected.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree
- [ ] Not Applicable

Comments or Suggestions


Anesthesia Care

The Anesthesia Staff was courteous and friendly.

- [ ] Strongly Agree
The Anesthesia Staff spent adequate time reviewing my anesthesia care and answering my questions.

Nursing Care & Communication

The Nursing Staff was courteous and friendly.

The Nursing Staff was concerned for my comfort.

The Nursing Staff explained things in a way that I could understand.

Comments or Suggestions
Surgeon Care & Communication

My Surgeon was courteous and friendly.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree
☐ Not Applicable

My Surgeon spent adequate time with me explaining my procedure and answering my questions.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree
☐ Not Applicable

My Surgeon explained things in a way that I could understand.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree
☐ Not Applicable

Comments or Suggestions

My Recovery in the Facility

The Recovery Staff was courteous and friendly.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree
☐ Not Applicable

My pain level was as expected and well controlled.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree
☐ Not Applicable
Adequate time was allowed for my recovery at the facility.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree
- [ ] Not Applicable

Comments or Suggestions

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**Discharge Instructions & Home Follow-up**

My homecare instructions were clear and helpful.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree
- [ ] Not Applicable

When I was contacted at home, the Clinical Staff was concerned for my progress and comfort.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree
- [ ] Not Applicable

Comments or Suggestions

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**Your Experience**

My privacy was respected at all times.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree
- [ ] Not Applicable

My family/friends were adequately informed throughout my visit.
Your Overall Impressions

Overall, I am very confident in the care I received at CSA Surgical Center.

I will recommend your facility to my friends and family.

Using any number from 0 to 10, where 10 is the best surgeon possible and 0 is the worst surgeon possible, what number would you use to rate your surgeon?

Using any number from 0 to 10, where 10 is the best facility possible and 0 is the worst facility possible, what number would you use to rate your care at this facility during your stay?
What did you like best about CSA Surgical Center?

What did you like least about CSA Surgical Center?

Is there anything we could have done to improve your experience?

### About You

Thank you again for your feedback, we have just a few final questions.

Were you the patient?
- Clear
- Yes
- No

Patient’s Gender?
- Clear
- Male
- Female

Patient’s Age Group?
- Clear
- Under 16
- 16-24
- 25-34
- 35-44
Do you request to be contacted to discuss any patient care issues or concerns?

☐ Yes
☐ No

This...  
... but there seems to be a problem getting you to the correct page.

Were you Beginning a Survey?

If so, you can go to this page and enter the Password provided in your emailed survey invitation.

If that doesn't solve the problem, please contact our friendly Client Care Team:

Phone: 877.208.7605 (select option 2)  
8:30 am - 5:30 pm Eastern Time Zone

Email: ClientCare@sphanalytics.com

500 East Main Street, Suite 340 | Branford, CT 06405 | 877.208.7605