



Pt # _____

DOS _____

CAMPUS SURGERY CENTER

901 Campus Drive, Suite 102 • Daly City, CA 94015 • 650.991.2000

Patient Satisfaction Questionnaire

Thank you for choosing Campus Surgery Center. We hope your stay was as pleasant and comfortable as possible. To continue to ensure the highest quality care for our patients, please respond to this brief questionnaire. All responses will be kept strictly confidential. It takes only a few minutes to complete; then return it to us by folding, sealing and mailing. No postage is necessary.

Please rate the following on a 1 to 4 scale (1 is strongly agree; 4 is strongly disagree).

Thank you for taking time to share your opinions with us.

	Not Applicable	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
1. I was clearly informed of the date and time of my procedure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Campus brochure I received was helpful and informative.	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Campus web-site was helpful and informative.	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility was clean.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The reception staff was courteous and helpful.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The registration procedure was prompt and efficient.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was satisfied with the services of my anesthesiologist.	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. During my stay, it was evident that the staff was concerned for my comfort and care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Throughout my stay, concern was shown for my privacy.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. At discharge, I was given clear instructions regarding my post-operative care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I would recommend Campus Surgery Center to a friend or relative.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a one to ten scale (**ten being the best**), how would you rate your care at Campus Surgery Center?

_____ (1 to 10) **Ten being the best**

How would you recommend we improve our service to you?

Comments: _____

Please contact me to discuss my suggestions or concerns.

Name: _____

Address: _____ Phone _____

*We Care
What You
Think...*

*Patient
Satisfaction
Questionnaire*



**CAMPUS
SURGERY CENTER**

An E3 Healthcare Management LLC
Affiliated Surgery Center

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