KENDALL POINTE SURGERY CENTER, LLC

Helping Physicians Better Serve Their Patients

We thank you in advance for completing this questionnaire. Your response will help us serve our community better. When finished, please mail the survey back in the enclosed envelope.

The Service You Received:

___Surgery ___Gastrointestinal ___Pain Management

Background Questions: (Please check appropriate answer)

1. Date of visit: ____/____/____
2. Procedure: _____
3. Patients first visit to our Surgery Center: ___Yes ___No
4. Patient's sex: ___Male ___Female
5. Patient's age: _____
6. Why did you choose Kendall Pointe Surgery Center:
   ___Reputation of Surgery Center
   ___Physician Recommendation
   ___Friend/Relative Recommendation
   ___Location
   ___Other: _____

Instructions: Please rate the service you received from our facility. Circle the number that best describes your experience. Space is provided for any extra comments you may have.

A. REGISTRATION	very poor	poor	fair	good	very good
1. Helpfulness of the person at the registration desk	1	2	3	4	5
2. Ease of registration process	1	2	3	4	5

Comments:_____
_____
_____

B. FACILITY	very poor	poor	fair	good	very good
1. Comfort of the waiting area	1	2	3	4	5
2. Cleanliness of the facility	1	2	3	4	5
3. Ease of parking	1	2	3	4	5

Comments:_____
_____
_____

C. YOUR PROCEDURE	very poor	poor	fair	good	very good
1. Friendliness/courtesy of the staff	1	2	3	4	5
2. Explanations from staff about what would happen	1	2	3	4	5
3. Skills of the staff	1	2	3	4	5
4. Staffs' concern for your comfort	1	2	3	4	5
5. Staffs' concern for your questions and worries	1	2	3	4	5
6. Explanation given to you regarding home care	1	2	3	4	5

Comments:_____
_____
_____

D. PERSONAL ISSUES	very poor	poor	fair	good	very good
1. Our concern for your privacy	1	2	3	4	5
2. Our sensitivity to your needs	1	2	3	4	5
3. Response to concerns/complaints made during your visit	1	2	3	4	5

Comments:_____
_____
_____

E. PHYSICIAN	very poor	poor	fair	good	very good
1. Explanation given to you by your physician	1	2	3	4	5
2. Explanation given by anesthesia	1	2	3	4	5

Comments:_____
_____
_____

F. OVERALL ASSESSMENT	very poor	poor	fair	good	very good
1. How well staff worked together to provide care	1	2	3	4	5
2. Overall rating of care received during your visit	1	2	3	4	5
3. Likelihood of recommending our facility to others	1	2	3	4	5

Comments:_____
_____
_____

Patient's Name: (optional)_____

Telephone Number: (optional)_____