

## KEARNEY EYE SURGICAL CENTER PATIENT SURVEY

**Thank you** for giving us the opportunity to care for you today. Please take a few moments to answer the following questions, as **your feedback will help us in improving our services in the future.** You may return this survey to your nurse or drop it in the mail.

1=Poor    2=Fair    3=Good    4=Very Good    5=Excellent

Please rate the following questions by the number scale listed above.

- \_\_\_\_\_ Friendliness of our reception staff.
- \_\_\_\_\_ Prompt registration.
- \_\_\_\_\_ Professionalism of our staff.
- \_\_\_\_\_ Nursing Care; prior to surgery, during and after surgery
- \_\_\_\_\_ Respect for your privacy.
- \_\_\_\_\_ Eye Care Instructions
- \_\_\_\_\_ Anesthesia services; explanation, courtesy, professionalism
- \_\_\_\_\_ Waiting time. (explain below)
- \_\_\_\_\_ The appearance and cleanliness of our surgery center.

PLEASE NAME SOMETHING ABOUT YOUR STAY YOU WOULD NOT WANT TO SEE CHANGED. \_\_\_\_\_

WOULD YOU CHOOSE OUR SURGERY CENTER AGAIN?    YES    NO

NAME: \_\_\_\_\_ DOS: \_\_\_\_\_ SURGEON: \_\_\_\_\_

TYPE OF SURGERY: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

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