

CARDIOTHORACIC SURGERY

Patient Satisfaction Survey

We want every patient's experience with us to be a pleasant one. Please take a moment to fill out our patient satisfaction survey.
 For each item identified below, circle the number to the right that best fits your judgment of its quality.

	Poor	Fair	Good	Very Good	Excellent
1. Getting through to the office by phone	1	2	3	4	5
2. Length of time to get an appointment	1	2	3	4	5
3. Ease of getting to the office	1	2	3	4	5
4. Time spent with our staff	1	2	3	4	5
<u>Personal manner (courtesy, respect, sensitivity, friendliness) of:</u>					
5. Nursing staff in our office	1	2	3	4	5
6. Scheduling staff	1	2	3	4	5
7. Physician	1	2	3	4	5
8. How well did the physician explain your medical condition, tests and treatment plan?	1	2	3	4	5
<u>During your hospital stay:</u>					
9. Nurse's timeliness	1	2	3	4	5
10. Nurse's friendliness	1	2	3	4	5
11. Nurse's caring	1	2	3	4	5
12. Facilities cleanliness	1	2	3	4	5
13. Noise level	1	2	3	4	5
14. Privacy	1	2	3	4	5
15. Meals	1	2	3	4	5
16. How well did your experience for this episode of care meet your expectations?	1	2	3	4	5
17. Accuracy and completeness of the bills you received from this office	1	2	3	4	5
18. Likelihood that you would recommend this office to your family and friends	1	2	3	4	5

Date of Visit: _____

Date of Surgery: _____

My suggestions for improvement are (continue on the back if needed):

We value your opinion and we want to hear from you. When you are finished filling out the form, please place the completed form in the envelope and return it to the above address or to the receptionist.
 Thank you.