



**SONJAY JOSEPH FONN, DO**

**Patient Satisfaction Survey**

In order that we may better serve our patients, would you please take a few moments to rate our service?

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. The surgical procedure was discussed to my satisfaction prior to the event. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The date and times of the procedure were clearly reviewed.                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The events of the surgical schedule proceeded on time.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The environment was comfortable and organized.                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The staff was available to answer questions and explain procedures.         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Information regarding post-operative care was clearly reviewed.             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Post-operative nourishment was adequate.                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Prescriptions were given and discussed.                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The facility's hours were convenient.                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The staff was courteous and professional.                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Pre-operative teaching was helpful.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. What did you find most informative about the facility?

Everything was made known to me before it happened.

13. What did you like most about the facility?

I was "scared to death" + staff made me feel comfortable

14. What did you like least about the facility?

very pleased with everything

15. How did you learn about the facility?

on TV

16. Were there any problems you did not anticipate?

no

17. Please give two suggestions on how we might improve our service.

18. Are you satisfied with your overall surgical experience?

Yes  No

19. May we place your comments on our website?

Yes  No

If yes, may we use your name?

Yes  No If no,

If No, may we use your initials? \_\_\_\_\_

Yes  No

May we post a picture of you beside your comments?

Yes  No - maybe later

20. I would like to share my Midwest Surgery Center Story?

Yes  No

(Optional) Patient Name: Sharon Harris

Date: 5/7/14