



**MIDWEST**  
SURGERY CENTER, LLC

*Caring Staff, Healing Hands*

**SONJAY JOSEPH FONN, DO**

**Extended Stay 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 clean.                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The post-operative environment was quiet and restful.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The staff was courteous and respectful.                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The staff was available to answer questions and concerns.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The staff was available to help as quickly as needed.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Information regarding post-operative care was clearly reviewed.             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Post-operative nourishment was adequate.                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Prescriptions were given and discussed before being discharged.            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The facility's visitor's hours were convenient.                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I felt safe at this facility.                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Would you recommend this facility to your family/friends?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Please rate the facility from 10-1. (10 being the best and 1 the worst.)   | <u>10</u>                           |                          |                          |

16. What did you find most informative about the facility?  
Everything is so close together - the buildings. And the people, everyone knows me. Even when they did the surgery, it was like being part of the family. They cared instead of being a number.
17. What did you like most about the facility? →
18. What did you like least about the facility?  
The wait time - sometimes long.
19. How did you learn about the facility?  
Seen it on TV advertisement in AVA Illinois
20. Were there any problems you did not anticipate?  
No
21. Please give two suggestions on how we might improve our service.  
Nothing

22. Are you satisfied with your overall surgical experience?  Yes  No
23. May we place your comments on our website?  Yes  No
- Yes, May we use your Name?  Yes  No If no,
- May we use your initials?  Yes  No
- May we post a picture of you beside your comments?  Yes  No
24. I would like to share my Midwest Surgery Center Story?  Yes  No

(Optional) Patient Name: Tom Earls Date: 2-13-14