



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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Prescriptions were given and discussed before being discharged. | <input checked="" 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? | | | |

The nurse & Dr. Fonn.

17. What did you like most about the facility?
Everyone was wonderful to us especially the nurse
18. What did you like least about the facility?
Didn't get to stay longer *(Dr. Fonn arranged for me to have a bed so that I could stay in the room with him)*
19. How did you learn about the facility?
Wife was a patient of Dr. Fonn
20. Were there any problems you did not anticipate?
None
21. Please give two suggestions on how we might improve our service.
Longer stay

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 *Not Now*

(Optional) Patient Name: *William McClure* Date: *3/5/2014*