

# The Survey Form

## FACILITY SURVEY ON PATIENT PERCEPTION OF CARE

### Instructions

This survey asks for your opinion about perception of care, treatment, and services at the facility and will take a few minutes to complete.

|  | Strongly Disagree<br>▼ | Disagree<br>▼ | Neither<br>▼ | Agree<br>▼ | Strongly Agree<br>▼ |
|--|------------------------|---------------|--------------|------------|---------------------|
| <b>At Registration:</b>  |                        |               |              |            |                     |
| 1 Were you treated courteously.....  | ①                      | ②             | ③            | ④          | ⑤                   |
| 2 Were you given instructions to prepare you for Surgery.....                                      | ①                      | ②             | ③            | ④          | ⑤                   |
| 3 Were you able to ask questions and voice your concerns.....                                      | ①                      | ②             | ③            | ④          | ⑤                   |
| 4 Did the nurse go over the importance of having a care giver with you for the first 24 hours..... | ①                      | ②             | ③            | ④          | ⑤                   |
| 5 Did the nurse go over the importance of cleaning the operative site.....                         | ①                      | ②             | ③            | ④          | ⑤                   |

### Your Arrival to Center: The Day of Surgery:

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1 Was the admitting process explained to you in the Pre-op area.....                               | ① | ② | ③ | ④ | ⑤ |
| 2 Were you made to feel comfortable in the Pre-op area.....  | ① | ② | ③ | ④ | ⑤ |
| 3 Did the anesthesiologist explain the anesthesia process.....                                     | ① | ② | ③ | ④ | ⑤ |
| 4 Did you meet the RN from the Operating Room and did they verify the operative site with you..... | ① | ② | ③ | ④ | ⑤ |

### After Surgery:

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1 Was your pain control effective in the Recovery Room.....                  | ① | ② | ③ | ④ | ⑤ |
| 2 Were you instructed on how to take your pain medications.....              | ① | ② | ③ | ④ | ⑤ |
| 3 Were side effects from taking narcotics explained (i.e. constipation)..... | ① | ② | ③ | ④ | ⑤ |
| 4 Was the dressing change and wound care explained.....                      | ① | ② | ③ | ④ | ⑤ |
| 5 Were safety issues discussed with you.....                                 | ① | ② | ③ | ④ | ⑤ |
| 6 Were you given important phone numbers.....                                | ① | ② | ③ | ④ | ⑤ |

Over →

