

OAK PARK SURGERY CENTER

PATIENT SATISFACTION SURVEY

**Thank you for choosing Oak Park Surgery Center. We strive to provide the utmost in patient care.
Your response is greatly appreciated.**

Please Check Boxes	Excellent	Good	Average	Needs to Improve
1. In general, how do you rate our facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How was our Admitting service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Our Medical Staff: Were they courteous, knowledgeable and quick to respond to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Please rate the treatment area and accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Housekeeping and maintenance: Were things clean and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were your business transactions satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How do you rate the waiting time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the waiting areas clean and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How well were you prepared for discharge home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments and Suggestions: _____

Thank you for your assistance. You may turn in this questionnaire at discharge or mail it postage free.