

#		5	4	3	2	1
1	The Center was easy to locate and signs within the building were clear					
2	The waiting time for your procedure was reasonable					
3	Forms that you signed were explained to you					
4	You were educated and prepared for what to expect regarding your surgery					
5	You were cared for efficiently and competently					
6	Your doctor spoke with you following your procedure					
7	Your questions, if any, were answered by the nursing staff					
7	Your questions, if any, were answered by the doctor					
9	Your interaction with the anesthesia staff was satisfactory					
10	Signs and symptoms of possible problems that may occur at home were explained to you					
11	If you had take-home prescriptions, they were explained to you					
12	You understood how to take care of yourself at home					
13	If problems occurred at home, you knew whom to call					
14	Your privacy was provided for and respected					
15	You felt you were treated with respect and courtesy at all times					
16	Financial responsibility for your procedure was made clear					
17	You were aware of infection prevention procedures such as hand washing					
18	You felt safe during and after your procedure (if less than 3 please comment below)					

LA JOLLA WOMEN'S SURGERY CENTER

*P A T I E N T S A T I S F A C T I O N S U R V E Y*

We strive to provide the highest quality care possible, ensuring that your experience is a positive one. Please take a few minutes of your time to complete this survey. We greatly appreciate your feedback (both good and bad). Any additional comments would be appreciated as well. Thank you for your assistance.

KEY: 5 = STRONGLY AGREE, 4 = AGREE, 3 = NOT SURE, 2 = DISAGREE, 1 = STRONGLY DISAGREE

COMMENTS: (Please use the space below to provide us suggestions that you feel would help us improve the care we provide.)

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Thank You.