



PATIENT SATISFACTION SURVEY

At Timonium Surgery Center, LLC patient satisfaction is extremely important to us. We would be grateful if you would take a few moments to answer the following questions so that we can continue to provide superior care to you and your family. If you feel we have any areas that need improvement, please share that as well. We value your input.

1. Was your wait time acceptable? ACCEPTABLE UNACCEPTABLE

If unacceptable, please explain: _____

2. Would you recommend Timonium Surgery Center to family/friends?

YES NO

If no, please explain: _____

3. Do you feel your patient confidentiality was maintained during admission?

YES NO

4. Were you kept informed of any delays?

YES NO

5. Please rate your level of pain upon discharge from the surgery center:

No Pain Intolerable
0 1 2 3 4 5 6 7 8 9 10

6. Do you feel you received clear and complete instructions regarding how to care for your condition at home, including signs and symptoms of potential problems to watch for?

YES NO

7. Was the nursing staff responsive to you and your family's needs?

YES NO

8. Was the environment clean and comfortable?

YES NO

9. Please rate your overall experience:

Excellent Very Good Good Fair Poor

10. Is there anyone you would like to recognize for superior care?

YES _____ NO

PLEASE FEEL FREE TO OFFER ANY OTHER SUGGESTIONS OR COMMENTS: