

Florida Orthopaedic Institute Surgery Center  
Patient Satisfaction Survey

Date of Surgery: \_\_\_\_\_

- |    |   |                    |                |                |                       |     |
|----|---|--------------------|----------------|----------------|-----------------------|-----|
| 1  | <i>The receptionists were courteous, professional, and helpful.</i>   | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 2  | <i>On average, I waited in the lobby for the following amount of time:</i>  | 0-10 min. (4)      | 11-20 min. (3) | 21-30 min. (2) | 30+min. (1)           |     |
| 3  | <i>My financial responsibility was clearly explained to me.</i>   | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 4  | <i>My pre-operative instructions were clearly explained to me.</i>  | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 5  | <i>The pre-operative nurse(s) was/were responsive to my medical and personal needs.</i>   | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 6  | <i>The anesthesiologist &amp;/or CRNA explained my planned anesthesia care in a clear and understandable manner.</i>                              | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 7  | <i>The anesthesiologist &amp;/or CRNA responded efficiently to my medical and personal needs.</i>   | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 8  | <i>The recovery nurse responded efficiently to my medical and personal needs.</i>   | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 9  | <i>Prior to being discharged, my discharge/follow-up instructions were clearly explained to me, and I was provided with written instructions.</i> | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 10 | <i>The appearance of the facility was neat and clean.</i>   | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 11 | <i>I would recommend this facility to my friends and/or referring doctor.</i>   | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 12 | <i>My experience at this facility met all my expectations.</i>  | Strongly Agree (4) | Agree (3)      | Disagree (2)   | Strongly Disagree (1) | N/A |
| 13 | <i>Please list any additional comments or ways we can improve:</i>  |                    |                |                |                       |     |

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**Name (Optional):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_