Florida Orthopaedic Institute Surgery Center  
Patient Satisfaction Survey

Date of Surgery: _______________

1. The receptionists were courteous, professional, and helpful.  
   Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

2. On average, I waited in the lobby for the following amount of time:  
   0-10 min. (4) 11-20 min. (3) 21-30 min. (2) 30+min. (1)

3. My financial responsibility was clearly explained to me.  
   Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

4. My pre-operative instructions were clearly explained to me.  
   Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

5. The pre-operative nurse(s) was/were responsive to my medical and personal needs.  
   Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

6. The anesthesiologist &/or CRNA explained my planned anesthesia care in a clear and understandable manner.  
   Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

7. The anesthesiologist &/or CRNA responded efficiently to my medical and personal needs.  
   Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

8. The recovery nurse responded efficiently to my medical and personal needs.  
   Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

9. Prior to being discharged, my discharge/follow-up instructions were clearly explained to me, and I was provided with written instructions.  
   Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

10. The appearance of the facility was neat and clean.  
    Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

11. I would recommend this facility to my friends and/or referring doctor.  
    Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

12. My experience at this facility met all my expectations.  
    Strongly Agree (4) Agree (3) Disagree (2) Strongly Disagree (1) N/A

13. Please list any additional comments or ways we can improve:  

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________________________________________________________________________________________

Name (Optional): ________________________________________
Address: ______________________________________________
Phone: ________________________________________________