

**Dear Patient,**

It was our pleasure to serve you at Hayes Valley Surgery Center. We hope that your visit with us was as positive and as comfortable as possible.

You have the right to expect the best medical care at our center. Your satisfaction with our service is very important to us and we would appreciate your feedback on your experience today.

Please take a moment to complete this questionnaire. Your comments and responses are kept strictly confidential unless you suggest otherwise.

Thank you,

*Arnold Charaschirakul*

**Arnold Charaschirakul, MBA**  
Administrator

**Hayes Valley Surgery Center**  
77 Van Ness Avenue, Suite 301  
San Francisco, CA 94102



## **Patient Satisfaction Survey**

77 Van Ness Avenue, Suite 301  
San Francisco, CA 94102

P: 415-821-8015

F: 415-821-8014

[www.HayesSurgery.com](http://www.HayesSurgery.com)



**Please rate the following from 1-5**

<u>Poor</u>		<u>Average</u>		<u>Excellent</u>
1	2	3	4	5

Please circle one

**What was your experience in the following areas (if applicable)?**

**The Surgery Center overall:**

1	2	3	4	5
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**The Waiting Room:**

1	2	3	4	5
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**Pre-Op:**

1	2	3	4	5
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**Surgery Suite:**

1	2	3	4	5
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**Recovery Room (PACU):**

1	2	3	4	5
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**On a scale of 0-10 (10 being the highest), how would you rate your pain level at time of discharge?**

1	2	3	4	5
6	7	8	9	10

**Was this an acceptable level for you?**

Yes       No

**Were you given a clear explanation of billing procedures, payment plans, and insurance requirements?**

Yes       No

**How would you rate our front desk staff?**

**Prompt:**

1	2	3	4	5
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**Efficient:**

1	2	3	4	5
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**Courteous:**

1	2	3	4	5
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**How would you rate the appearance and cleanliness of:**

**Facility overall:**

1	2	3	4	5
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**Pre-Op & Recovery Room:**

1	2	3	4	5
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**How would you rate our Nursing Staff?**

**Prompt:**

1	2	3	4	5
---	---	---	---	---

**Efficient:**

1	2	3	4	5
---	---	---	---	---

**Courteous:**

1	2	3	4	5
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**After you returned home, were you contacted by Hayes Valley Surgery Center by phone or mail in regards to your progress?**

Yes       No

**After your surgery, did you have any problems with your recovery at home?**

Yes       No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How could we improve our service to you?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Phone (Optional):** \_\_\_\_\_

**Email (Optional):** \_\_\_\_\_

