



## Patient Experience Survey

We have tried to make your experience at Alicia Surgery Center as comfortable and pleasant as possible. Please let us know how well we are doing by taking this short survey and returning it to us. We greatly appreciate your feedback. Thank you.

Please check one:

**Absolutely**

**Somewhat**

**Needs  
Improvement**

### 1. Reception and Registration Team

Was our staff professional and courteous?

Did they answer your questions satisfactorily?

### 2. Nursing Care

Were our nurses professional and courteous?

Did they help you feel safe and comfortable?

Did they answer your questions satisfactorily?

### 3. Your Doctor and Anesthesiologist

Did you feel your doctor was interested in you?

Did the anesthesiologist help you feel safe?

Were you given adequate explanations and instructions?

### 4. Your Overall Experience

Did our staff give you privacy?

Was our center clean and comfortable?

Were we helpful to your family/friends in the waiting room?

Would you return and/or recommend us to a friend?

Overall, was your experience positive?

### 5. Please fee free to make any additional comments:

### 6. Your doctor's name:

### 7. Your name (optional):