

***How are we doing?***

Please take a few minutes to fill out this survey on the service you received today. Kulbersh Women's Center welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

**General Patient Information**

**How would you rate our concern for your privacy?**

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- Outstanding     Good     Adequate     Needs improvement     Poor     N/A

**Scheduling Your Surgery**

**Did you have to wait longer than expected to get your surgery scheduled?**

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- Yes     No

**How easy was it to schedule your surgical procedure?**

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- Very easy                         Very difficult

**Was the person who scheduled your surgery courteous and helpful?**

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- Very courteous                         Rude

**Day of Your Surgery**

**How would you rate the courtesy of the staff at the reception desk?**

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- Very courteous                         Rude

**How long did you wait in the reception area beyond your scheduled surgery time?**

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- 0 to 5 minutes     5 to 20 minutes     20 to 40 minutes     Other

**The Surgical Staff – nurses, nurse anesthetist, surgical assistants**

**How would you rate the competence of the surgical staff?**

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Outstanding     Good     Adequate     Needs improvement     Poor     N/A

**How would you characterize the care you were given pre-op and post-op?**

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Outstanding     Good     Adequate     Needs improvement     Poor     N/A

**The Doctor**

**Did you feel that your doctor spent an adequate amount of time with you when deciding to have surgery?**

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Yes     No     N/A

**Mark the boxes that characterize the demeanor of your doctor:**

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Attentive     Concerned     Friendly     Distracted     Rushed     Inconsiderate

**How would you rate the competence of your doctor?**

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Outstanding     Good     Adequate     Needs improvement     Poor     N/A

**Please rate the clarity of the doctor's explanation of your condition and treatment options:**

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Outstanding     Good     Adequate     Needs improvement     Poor     N/A

**How well did your doctor include you in healthcare decisions?**

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Outstanding     Good     Adequate     Needs improvement     Poor     N/A

**Were your questions answered to your satisfaction?**

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Yes     No     N/A

**Would you recommend the surgical procedure you had to your family and friends?**

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Yes      No      N/A

**Would you recommend this facility and its staff to your family and friends?**

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Yes      No      N/A

**Personal Information (optional)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Would you like someone to contact you regarding your responses on this survey?**

       
Yes      No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.