



STERLING

SURGICAL HOSPITAL

Dear Patient,

We, the staff of Sterling Surgical Hospital, would like to thank you for allowing us to provide your (your child's) healthcare needs. We are committed to continually improving our services. We would be grateful if you could take a few moments to complete this survey.

Using the scale below (or "Yes" or "No") please circle your answer to the following questions:

- 1 = Very displeased
- 2 = Somewhat displeased
- 3 = Neither pleased nor displeased
- 4 = Somewhat pleased
- 5 = Very pleased
- N/A = Not Applicable

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|----|---|---|---|---|---|---|-----|
| 1. | How pleased were you with the cleanliness and comfort of our facility? | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. | On the day of surgery, how would you rate your preop waiting time? | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. | How would you rate your experience with the business-office staff? Did they treat you courteously and spend enough time with you? | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. | If you were scheduled for a pre-admission visit or received a pre-admission phone call, how well did the nurse prepare you for your (or your child's) admission? | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. | During the pre-admission visit or phone call, were all of your questions answered satisfactorily and was enough time spent with you? | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. | On the day of your admission, how would you rate the nursing staff's understanding of your needs? Did they spend sufficient time with you, including time to explain your (your child's) procedure and answer your questions? | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. | On the day of your admission, how would you rate Anesthesia's understanding of your needs? Did they spend sufficient time with you, including time to explain your (your child's) procedure and answer your questions? | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. | Upon discharge, how well do you feel the nursing staff explained all instructions and answered your questions? | 1 | 2 | 3 | 4 | 5 | N/A |

Please see other side.

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|-----|--|-----|---|---|----|---|-----|
| 9. | How pleased were you with our efforts to maintain your privacy? | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. | Did the people involved with your (your child's) procedure introduce themselves to you? | YES | | | NO | | |
| 11. | Would you return to Sterling Surgical Hospital in the future if you needed hospitalization and/or any outpatient procedures? | YES | | | NO | | |
| 12. | Would you refer your friends and relatives to us? | YES | | | NO | | |
| 13. | Did any of our employees go out of their way to make your (your child's) stay with us an exceptional one? | | | | | | |

_____	_____
_____	_____

Please feel free to provide us with any additional suggestions or comments. All comments will be read and addressed as necessary, and, if you'd like, someone will contact you regarding any concerns or problems you might have had.

Thanks very much for your time.

Please check this box if you would like to be contacted by a hospital representative.

Name (Optional)

Date of Service

Your Physician

Phone Number (If you wish to be contacted)