



# SURVEY OF SERVICES

Please rate the quality of each of the following aspects of your treatment. We appreciate your input to help us provide the quality service that you deserve. Thank you!

Please mail or return to: Guam Surgicenter, 633 Gov Carlos Camacho Rd, Ste. 101, Tamuning, Guam 96913

| <b>OVERALL RATING:</b>                                      | <b>Excellent</b>      | <b>Very Good</b>      | <b>Good</b>           | <b>Fair</b>           | <b>Poor</b>           | <b>Not Applicable</b> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Overall, how would you rate the care you received?       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Courtesy & promptness of registration, Nurses and Doctor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### ARRIVAL

|  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. Did the directions make it easy to find the Guam Surgicenter?                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Information you received prior to surgery (ie, time of surgery, how to prepare) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### PRE-OPERATIVE

|   |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. Information physician & nurses gave about what the procedure would be like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Information provided about delays or waiting time before surgery           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### POST-OPERATIVE

|   |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. Degree to which your pain & comfort was managed                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Information physician gave about what was done in the surgery or procedure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Information nurses gave your family after your surgery or procedure        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Instructions nurses gave about caring for yourself at home                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Your confidence in the skill of the physician & nurses                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### FACILITIES

|  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. Cleanliness & comfort of the waiting room, bathrooms & changing room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

|  | <b>Definitely</b>     | <b>Probably</b>       | <b>Probably Not</b>   | <b>Definitely Not</b> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 13. Likelihood of your recommending Guam Surgicenter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. Please comment about your visit today or list names of any staff members you believe are worthy of special recognition.

15. If you would like us to contact you to discuss a problem you had during your visit, please provide us with:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Or, you may call the GSC Administrator at 671-646-3855

16. May we use your comments publicly, such as for an ad or website?

Yes, but anonymously

Yes, permission to use my name & comments    Name: \_\_\_\_\_    Date: \_\_\_\_\_

No, do not use my comments or name.