

**PUYALLUP AMBULATORY SURGER CENTER**  
**PATIENT SATISFACTION SURVEY**  
1519 3<sup>RD</sup> St SE, Suite 240 – Puyallup, WA 98372

Please help us further our efforts to provide the highest level of efficient and personalized care. We would appreciate your taking a few moments to give us your opinions of the care you received here. Return this survey to PASC in the post paid envelope provided.

1. Were the pre-operative instructions you received helpful to prepare you for surgery?

**Unsatisfactory**    **Satisfactory**    **Good**    **Excellent**

2. Did you find the receptionist pleasant and helpful upon your arrival?

**Unsatisfactory**    **Satisfactory**    **Good**    **Excellent**

3. Was your surgery adequately explained to you?    **Yes**    **No**

If No, what questions did you have? \_\_\_\_\_

4. Was your anesthesiologist patient, understanding and caring?

**Unsatisfactory**    **Satisfactory**    **Good**    **Excellent**

5. Was the nursing staff pleasant, understanding and caring?

**Unsatisfactory**    **Satisfactory**    **Good**    **Excellent**

6. Was the center clean and comfortable?

**Unsatisfactory**    **Satisfactory**    **Good**    **Excellent**

7. Were the instructions you received for your care at home satisfactory?

**Unsatisfactory**    **Satisfactory**    **Good**    **Excellent**

8. Comments: \_\_\_\_\_

\_\_\_\_\_  
Thank you for completing this survey.

\_\_\_\_\_  
Name (Optional)

\_\_\_\_\_  
Surgery Date