

Northridge Advanced Surgery Center
8331 Reseda Blvd., Northridge, Ca 91324
(818) 993-3428



PATIENT QUESTIONNAIRE

A primary goal of the staff at **NORTHRIDGE ADVANCED SURGERY CENTER** is to provide a high quality of care in a safe and comfortable environment. In order to meet our goal, we rely on the comments and suggestions of the patients who have received care at **NORTHRIDGE ADVANCED SURGERY CENTER**. At your convenience, please take a moment to complete this brief questionnaire.

Your comments and your suggestions are greatly appreciated. You may return this form to your primary physician's office, or directly to this surgical center.

You also may elect to make your comments or suggestion anonymous by mailing and using our address as the return address.

1. Were you contacted by your anesthetist or anesthesiologist prior to surgery?
YES NO
2. Were you greeted by staff upon entering this surgical center?
YES NO
3. Were the consent form; that you signed adequately explained to you, prior to signing?
YES NO
4. Approximately, how long did you wait to be checked into the surgical holding area?
Length of time: _____
5. Did nursing staff properly introduce themselves?
YES NO
6. Did you feel adequately informed, by nursing personnel as to what to expect?
YES NO
7. Were all of your questions adequately answered?
YES NO
8. Prior to surgery, did you have ample time to consult with your physician?
YES NO
9. Were you provided with adequate post-operative instructions?
YES NO
10. Did you feel safe before and after, your surgical procedure?
YES NO
11. Did you feel your privacy was provided for?
YES NO
12. Were you instructed on how to contact in case of an emergency?
YES NO
13. Overall, how would you rate your surgical experience: (0 = Unsatisfactory 10 = Excellent)

Please rate your experience by checking one of the boxes below: 1 = poor → 5 = excellent

0 1 2 3 4 5

COMMENTS and/or Suggestions:

DATE: _____

NAME (Optional): _____