



## THE NEW YORK EYE Surgical Center

We are pleased that you and your doctor chose *The New York Eye Surgical Center* for your outpatient procedure. We hope that your stay with us was as comfortable as possible.

At this center, our goal is to assure patients and their families receive high-quality care and professional services. That's why *The New York Eye Surgical Center* encourages you to respond to this short questionnaire.

Your comments and responses will be kept confidential unless specified otherwise.

Thank you for your time.

Sincerely:

*The New York Eye Surgical Center Staff*

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

Surgeons Name: \_\_\_\_\_

Type of Procedure: \_\_\_\_\_

1. What is your general impression of the quality of service you received at *The New York Eye Surgical Center*?

Excellent  Good  Fair  Poor

2. How would you rate the physical environment such as cleanliness, comfort, safety and appearance of the facility?

Excellent  Good  Fair  Poor

Comments: \_\_\_\_\_

3. Please rate the nursing staff who treated you?

Excellent  Good  Fair  Poor

4. Were you satisfied by the instructions you were given by the staff members about your follow up care when you left the facility?

Excellent  Good  Fair  Poor

5. Would you recommend us to your friends and family?

Yes  No

6. Did you witness staff cleansing their hands before providing direct hands-on-care?

Yes  No  do not recall

7. How would you rate your satisfaction with your doctor who performed surgery?

Excellent  Good  Fair  Poor

8. How would you rate the admission process?

Excellent  Good  Fair  Poor

9. Do you have any suggestions that would have made your visit at *The New York Eye Surgical Center* better?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Did the Center's staff respect your privacy?

Yes  No

Optional:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_