SURGERY CENTER AT PELHAM MEDICAL STAFF/MEDICAL AFFILIATE SATISFACTION SURVEY					
Thank you for taking the time to complete this questionnaire.					
E = Excellent / G = Good / A = Average / P = Poor					
PLEASE RATE THE FOLLOWING	**E**	**G**	**A**	**P**	**COMMENTS**
Ease of scheduling					
Equipment and instruments					
Turn-around time					
Promptness of surgery start time					
Efficiency & knowledge of staff in OR					
Efficiency & knowledge of staff in RR					
Responsiveness to needs					
Physical facilities					
Care given to patients					
Ability to communicate with staff					
Cost					
Expedience of pathology reports					
Amount of paperwork involved					
Courtesy of staff					
Overall patient satisfaction with surgery center					
Patient satisfaction with billing office					
Post-op phone call/letter					

How does this facility compare to other medical facilities you use?	**Better**	**Same**	**Worse**
Ease of scheduling			
Equipment and instruments			
Turn-around time			
Promptness of surgery start time			
Efficiency & knowledge of staff in OR			
Efficiency & knowledge of staff in RR			
Responsiveness to needs			
Physical facilities			
Care given to patients			
Ability to communicate with staff			
Cost			

SURGERY CENTER AT PELHAM MEDICAL STAFF/MEDICAL AFFILIATE SATISFACTION SURVEY - Page 2			
How does this facility compare to other medical facilities you use? (cont.)	**Better**	**Same**	**Worse**
Expedience of pathology reports			
Amount of paperwork involved			
Courtesy of staff			
Overall patient satisfaction with surgery center			
Patient satisfaction with billing office			
Post-op phone call/letter			
What factors enter into your decision to use or not use this facility?			
In your opinion, how can our facility improve its current services, or what new services would be helpful to you?			
In your opinion, how can the Anesthesia Department improve its current services, or what new services would be helpful to you?			
What new equipment would you like us to purchase for your use at this facility?			
We would appreciate any additional comments or suggestions.			
Signature (optional):	Date:		

Source: Surgery Center at Pelham, Greer, SC.