

**PATIENT SATISFACTION SURVEY**  
**The Cataract and Laser Center**

Here at the Cataract and Laser Center, it is our goal to provide excellent care in a safe, professional environment, where each of our patients feels respected, valued, and is treated as an individual. We are always striving to improve our patients' experience, and your feedback is very important to us.

Please rate each statement on this survey by circling the number that corresponds with your response, using the key below:

- 1: Not at all, Poor, Very dissatisfied
- 2: Somewhat, Fair, Somewhat satisfied
- 3: Neutral
- 4: Mostly yes, Good, Very satisfied
- 5: Definitely, Excellent, Extremely satisfied

Please bring the completed survey with you to your post-op visit and give it to the receptionist. Every response is reviewed in an effort to constantly improve every patient's experience.

STATEMENT	1=Poor, 3=Average, 5=Excellent					COMMENTS
The instructions prior to coming to the center were clear and helpful	1	2	3	4	5	
I was made to feel welcome	1	2	3	4	5	
Any questions I had about anesthesia and my surgery were answered	1	2	3	4	5	
Everyone made sure I was as comfortable as possible	1	2	3	4	5	
My surgery went smoothly	1	2	3	4	5	
The staff was helpful and courteous	1	2	3	4	5	
Someone was always available to help me	1	2	3	4	5	
The center was clean, and I felt safe	1	2	3	4	5	
My post-op instructions were clear, and my questions were answered	1	2	3	4	5	
I felt respected and safe during my entire visit	1	2	3	4	5	
I would recommend this center to my friends and family	1	2	3	4	5	

If you could choose one area of improvement, what would it be?

\_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

**Surgery Date** \_\_\_\_\_ **Your Doctor's Name** \_\_\_\_\_