Adult and Pediatric Surgery-Procedure Survey (AS)

NIH National Institutes of Health
Clinical Center

SURGERY/PROCEDURE SURVEY

INSTRUCTIONS: Please rate the surgery or procedure you received from our facility. If you select a service from a list below, rate *only* that service. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

If you can't complete the entire survey at once, you may come back to it later. Your previous responses will be saved automatically and you will be able to continue where you left off. At any point during the survey, you can clear the entire survey and start over by clicking the "Clear Survey" button.

When you have finished, please click the "Submit" button.

OMB No. 0925-0648 Expiration Date: 05/2021

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648).

Progress 0% 100%

THE SERVICE YOU RECEIVED (SELECT ONE RESPONSE ONLY)

1) Please select the last ambulatory surgery or procedure you received. Rate only that service and visit.

- ○ Cardio-thoracic Surgery
- ○ Dental
- ○ Dermatology
- ○ Ear, Nose, Throat
- ○ Gastrointestinal
- ○ General Surgery
- ○ Gynecology
- ○ Interventional Radiology
- ○ Ophthalmology (eye)
- ○ Orthopedics
- ○ Pulmonary
- ○ Radiation Therapy
- ○ Urology
- ○ Other:

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BACKGROUND QUESTION

1) Was this your first visit as a patient to the NIH Clinical Center?

- ○ Yes
- ○ No

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NURSES	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Information the nurses gave you as they helped to prepare you for the procedure	○	○	○	○	○
2) Nurses' response to your concerns or questions	○	○	○	○	○
3) Nurses' concern for your comfort as you recovered after the procedure	○	○	○	○	○

4) **Comments** (describe good or bad experience):

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CARE PROVIDER

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), OR NURSE PRACTITIONER (NP). PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.					
1) Care provider's explanation about what the procedure would be like	○	○	○	○	○
2) Care provider's response to your concerns or questions	○	○	○	○	○
3) After the procedure was over, information the care provider shared about how the procedure went	○	○	○	○	○
4) Care provider's explanation about why this procedure was important to your health	○	○	○	○	○

5) **Comments** (describe good or bad experience):

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OVERALL ASSESSMENT	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) How well staff at the NIH Clinical Center worked together to care for you	○	○	○	○	○
2) Staff's sensitivity and responsiveness to your special/individual needs	○	○	○	○	○
3) Extent to which staff washed their hands	○	○	○	○	○

4) **Comments** (describe good or bad experience):

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1) Patient's Name: (optional)

2) Telephone Number: (optional)

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