



Patients Survey

The Louise H. Batz Foundation appreciates your time in filling out the survey below.

Please return it to _____.

Patient Information:

Please note the type of surgery or procedure performed: _____

Surgery Date: _____ Hospital _____

1. How helpful was the guide in helping you prepare for your surgery, procedure and or hospital stay? Scale of 0-10, 10 being very helpful.

0 1 2 3 4 5 6 7 8 9 10

2. Circle below any of the times in which you used the guide during your surgery, procedure or hospital stay:

- | | |
|---|---|
| Surgery scheduling | Pre-op visit with nurse and doctor |
| Day of surgery or procedure | On the floor after surgery or procedure |
| Preparing for discharge | Day of discharge |
| To keep track of your progress once returned home | |

3. Did the guide help you to feel comfortable in asking questions regarding your surgery, procedure or hospital stay? Scale of 0-10, 10 being the most comfortable.

0 1 2 3 4 5 6 7 8 9 10

4. Was the guide easy for you to use?

Yes No

5. Would you use the guide for future surgeries or procedures?

Yes No

6. Overall are there any changes you feel should be made to the guide? Please list below.

Thank you for completing the survey. If you have questions or you would like to learn more about the Louise H. Batz Foundation please see our web site at www.louisebatz.org.