**Outpatient Satisfaction Telephone Survey**

1. **Which DIVISION of Surgery is providing your care? (check all that apply)**
   - [ ] Cardiac
   - [ ] Colon and Rectal
   - [ ] Endocrine and Oncologic Surgery
   - [ ] Gastrointestinal
   - [ ] Plastics
   - [ ] Thoracic
   - [ ] Transplant
   - [ ] Trauma
   - [ ] Urology
   - [ ] Vascular

2. **Have you called the Department of Surgery within the PAST THREE MONTHS?**
   - [ ] YES  If YES:
     - **2a. What was the nature of your call? (check all that apply)**
       - [ ] Schedule an Appointment
       - [ ] Post-Operative Visit
       - [ ] Refill of Prescription
       - [ ] Medical Problem
       - [ ] Clinical Question for Doctor or Nurse
       - [ ] Other (please specify):
     - [ ] NO  If NO:
     - **2b. How did you get your appointment today?**
       - [ ] Doctor’s Office
       - [ ] Family Member/Friend
       - [ ] 1-800-789-PENN (pennhealth)
       - [ ] Other (please specify):

3. **On a Scale of 1-5, HOW SATISFIED were you with being able to get through by phone?**

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Not Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

   If the rating is 1-3 – **What could we have done better?**
   - ____________________________________________
   - ____________________________________________

   If the rating is 4 or 5 – **Thank You**
   (no further questions)

4. **Do you have any additional comments regarding our department’s telephone service?**
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________