

# 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:

**NO**    If NO:

**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) \_\_\_\_\_

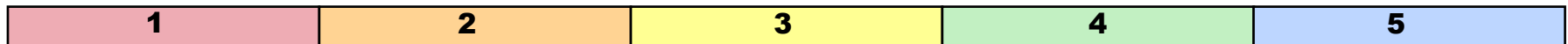
**2b. How did you get your appointment today?**

- 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?**

**Not Satisfied**

**Very Satisfied**



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?** \_\_\_\_\_

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