

THE ENDOSCOPY CENTER

PATIENT SATISFACTION SURVEY

To better serve you, please answer the following questions by circling the appropriate response.

Please rate your satisfaction in the following categories:

5- EXCELLENT 4- GOOD 3- SATISFACTORY 2- FAIR 1- POOR

Please rate the time it took to get an appointment for a procedure	5	4	3	2	1
Please rate the time you had to wait in the reception area	5	4	3	2	1

Do you feel you were given adequate instructions to prepare you for the procedure?	5	4	3	2	1
Do you feel you were adequately sedated for the procedure?	5	4	3	2	1
How pleased were you with the doctor's interaction with you?	5	4	3	2	1
How pleased were you with how well the doctor explained what was found during your procedure?	5	4	3	2	1
How would you rate the treatment by the nurses and technicians at the time of your endoscopic procedure?	5	4	3	2	1

If you rated any questions less than 5, please explain what your expectations were and how they were not fully met.....

COMMENTS: _____

Name (optional-**please print**): _____

Date: _____