

Patient Satisfaction Survey

Dear Patient:

At _____, we are committed to providing you with the best possible healthcare. We are interested in knowing what you think about our services. You can help us evaluate our performance by completing this brief (5 minute) survey regarding your visit.

Thank you for taking time to share your experience with us.

Date of your Procedure _____ AM/PM (Versus Appointment Time _____)

	<i>Rating</i>	very poor	poor	fair	good	very good	N/A
1	If you spoke to the facility by phone, how helpful was the person you spoke with	1	2	3	4	5	
2	Ease of scheduling your procedure	1	2	3	4	5	
3	The ease of the check-in process	1	2	3	4	5	
4	The comfort, cleanliness, and amenities of the facility	1	2	3	4	5	
5	Clear and sufficient instructions on what to do and what to expect before your procedure	1	2	3	4	5	
6	The wait time in the endoscopy unit, compared to your expectation	1	2	3	4	5	
7	The courtesy and caring of your physician	1	2	3	4	5	
8	The courtesy and caring of the nursing and support staff	1	2	3	4	5	
9	Skills of assisting staff, for instance when starting your IV	1	2	3	4	5	
10	Comfort level within the procedure room	1	2	3	4	5	
11	Usefulness of the information provided about what was done during your procedure	1	2	3	4	5	
12	Clear and sufficient instructions on what to do and what to expect after your procedure	1	2	3	4	5	
13	Overall how would you rate the teamwork between the doctor, nurses and other staff	1	2	3	4	5	
14	Overall how satisfied were you with the procedure experience	1	2	3	4	5	

Was this your first visit as a patient to our facility? Y N

Likelihood of you recommending this facility to others? Y N

Please add any comments you have regarding your experience today:
