

*Thank you for taking the time to complete this survey and share your ideas.
Please fold, secure with tape, and drop in the mail. No postage necessary.*

Date of Visit _____

Name _____
(optional)

	Excellent	Fair	Poor
1. Please rate the quality of your interaction with the Endoscopy Center Staff:			
Reception and registration process	5	4	3
Nursing staff <u>prior</u> to your procedure	5	4	3
Nursing staff <u>during</u> your procedure	5	4	3
Nursing staff <u>after</u> your procedure	5	4	3
Interaction with your physician	5	4	3
2. Please rate the quality of information and education you received from the Center staff regarding your procedure.	5	4	3
3. How well did the staff protect your dignity and privacy, and ensure your comfort?	5	4	3
4. Please indicate your level of confidence in the care provided to you by the Endoscopy Center staff.	5	4	3
5. Please rate the cleanliness and appearance of the Center.	5	4	3
6. How would you describe your overall Endoscopy Center experience to others?	5	4	3
7. What did you like <u>best</u> about your experience at the Endoscopy Center?			

What did you like <u>least</u> about your experience at the Endoscopy Center?			

8. Do you have any other comments or suggestions?			

May we contact you if we have further questions?

NO YES _____
(phone number)