



PATIENT SATISFACTION SURVEY

We at Strand GI Endoscopy Center are striving to provide **Excellent Care**. If any area of your visit to our facility was not satisfactory, please give us some suggestions on how we can achieve an excellent rating in the future. We take comments seriously and will utilize the suggestions to continually improve our organization.

**PLEASE RATE YOUR EXPERIENCE IN THE FOLLOWING AREAS ON A SCALE OF 1 TO 5
1 EQUALS POOR AND 5 EQUALS EXCELLENT.**

| | POOR | FAIR | GOOD | VERY GOOD | EXCELLENT |
|--|------|------|------|-----------|-----------|
| 1. Prep instructions given by the Endoscopy Center | 1 | 2 | 3 | 4 | 5 |
| 2. Cleanliness of the Endoscopy Center | 1 | 2 | 3 | 4 | 5 |
| 3. Courtesy & Professionalism at check-in, day of service | 1 | 2 | 3 | 4 | 5 |
| 4. Courtesy & Professionalism of nursing staff | 1 | 2 | 3 | 4 | 5 |
| 5. Courtesy & Professionalism of anesthesia staff | 1 | 2 | 3 | 4 | 5 |
| 6. Courtesy & Professionalism of your physician | 1 | 2 | 3 | 4 | 5 |
| 7. My privacy was respected at all times | 1 | 2 | 3 | 4 | 5 |
| 8. Waiting time was reasonable | 1 | 2 | 3 | 4 | 5 |
| 9. All my questions were answered appropriately | 1 | 2 | 3 | 4 | 5 |
| 10. I am very confident in the care I received at Strand GI Endoscopy Center and would recommend the facility to friends and family. | 1 | 2 | 3 | 4 | 5 |

Comments or Suggestions: _____

Would you like a follow up phone call regarding your concerns? YES NO

Name (Optional) _____ Phone Number _____

Thank you for completing our Survey! Please mail it in the attached Postage Paid envelope.