



	VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPL.		VERY POOR	POOR	FAIR	GOOD	VERY GOOD
PRE PROCEDURE							DURING PROCEDURE					
Preparation instructions easily understood	1	2	3	4	5	NA	Anesthetist explanation of procedure	1	2	3	4	5
Written/verbal instructions about procedure explained clearly	1	2	3	4	5	NA	Opportunity to ask questions before sedation	1	2	3	4	5
Video was helpful (if given)	1	2	3	4	5	NA	Physician/Nurses concern for your comfort	1	2	3	4	5
Procedure was scheduled to accommodate you	1	2	3	4	5	NA	Procedure started on time	1	2	3	4	5
REGISTRATION							PRIVACY					
Courtesy of registration person	1	2	3	4	5		Physician respected your privacy during your procedure	1	2	3	4	5
Convenience of registration process	1	2	3	4	5		Staff provided privacy during procedure and interview	1	2	3	4	5
Ease of scheduling follow-up appointment.	1	2	3	4	5		Personal questions addressed with discretion	1	2	3	4	5
NURSING CARE							FINANCIAL					
Friendliness of nurses	1	2	3	4	5		How were billing and insurance questions handled?	1	2	3	4	5
Nurses concern for your comfort	1	2	3	4	5		Staff were helpful in understanding billing information and insurance coverage	1	2	3	4	5
Nurses courtesy toward family/friends	1	2	3	4	5		ENDO-SURGI CENTER RATING					
Information nurses gave you	1	2	3	4	5		Comfort of waiting area	1	2	3	4	5
Technical competency of nurses (starting I.V. etc)	1	2	3	4	5		Adequate parking	1	2	3	4	5
Discharge instructions given by nurse	1	2	3	4	5		Decor and cheerfulness of center	1	2	3	4	5
Encouraged to express any safety concerns	1	2	3	4	5		Likelihood of recommending Endo-SurgiCenter	1	2	3	4	5
Post procedure telephone call	1	2	3	4	5		Follow-up instructions regarding emergencies	1	2	3	4	5
PHYSICIANS							Comparison of Endo-SurgiCenter to your last hospital visit					
Explanations prior to procedure	1	2	3	4	5		Please rate your overall opinion of the Endo-SurgiCenter	1	2	3	4	5
Explanations of what was done	1	2	3	4	5		Has the illness you were treated for at the Endo-SurgiCenter affected your daily activities?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	
Technical competency of your doctor (performing procedures/examinations)	1	2	3	4	5		If you work, has your work been affected by the illness you were treated for at the Endo-SurgiCenter?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	
Ease of scheduling consultation with Gastroenterologist.	1	2	3	4	5		If yes, have you been absent from work fewer days since your treatment at the Endo-SurgiCenter?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	
Biopsy results were promised in a reasonable amount of time.	1	2	3	4	5							
Overall comments (good or bad): _____												

Dear Patient:

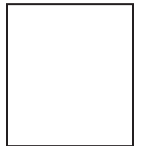
Please take a few moments to evaluate your experience at the Endo-Surgi Center. Your response will assist the physician and staff in evaluating the quality of care and services we offer to our patients. Our goal is to render excellent care in a pleasant environment by qualified caring staff. Thank you for your time, and the privilege of caring for you.

We look forward to caring for you and your family in the future if the need arises.

For Physicians and staff of the Endo-SurgiCenter



Sharon DeMato, RN, BSN, CNA
Administrator



ENDO-SURGICENTER

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Patient Satisfaction Survey