

## Patient Satisfaction Survey: Endoscopy

Please take a minute to fill out this survey. Just let us know what we are doing well and what we can to do better!

Thank you.

Your physician/provider:

<b>1.</b>	<b>Please indicate your level of satisfaction with the following items related to your appointment at the endoscopy unit. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.</b>					
	<b>Not at all Satisfied</b>		<b>Neutral</b>		<b>Very Satisfied</b>	<b>N/A</b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	
	0	0	0	0	0	0
The manners of the person(s) who scheduled your appointment.	0	0	0	0	0	0
The instructions provided to you, verbal and written about how to prepare for your procedure	0	0	0	0	0	0
The professionalism and helpfulness of your reception and the ease of registration process.	0	0	0	0	0	0
Your wait time before the procedure.	0	0	0	0	0	0
The comfort, cleanliness and amenities of the reception area.	0	0	0	0	0	0
The extent to which staff respected your privacy.	0	0	0	0	0	0

<b>2.</b>	<b>Please rate the following items related to the delivery of your care. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.</b>					
	<b>Poor</b>				<b>Excellent</b>	<b>N/A</b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	
	0	0	0	0	0	0
The nurse's listening skills.	0	0	0	0	0	0
The physician's explanation of the procedure.	0	0	0	0	0	0
The physician's personal manner (courtesy, respect, sensitivity, friendliness).	0	0	0	0	0	0
The nursing staff's personal manner (courtesy, respect, sensitivity, friendliness).	0	0	0	0	0	0
Technical skills (thoroughness, carefulness, competence) of the medical staff.	0	0	0	0	0	0
The comfort and cleanliness in the endoscopy suite and the recovery room.	0	0	0	0	0	0
The clarity of the discharge instructions provided to you.	0	0	0	0	0	0

<b>3.</b>	<b>Please indicate your level of comfort during and following the procedure. Use a scale of 1 to 5, with 5 being Very Comfortable Agree and 1 being Not at all Comfortable. If an item is not related to your care choose N/A.</b>					
	<b>Not at all comfortable</b>		<b>Neutral</b>		<b>Very Comfortable</b>	<b>N/A</b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0

<b>4.</b>	a.	Did you have difficulty during your preparation for the procedure?	<input type="radio"/> Yes	<input type="radio"/> No
	b.	If yes, did you have a contact person or a way to contact someone regarding that difficulty?	<input type="radio"/> Yes	<input type="radio"/> No
	c.	Were you satisfied with the assistance and the help provided to you?	<input type="radio"/> Yes	<input type="radio"/> No

<b>5.</b>	<b>Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care choose N/A.</b>					
	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>	<b>N/A</b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0

**6. Please tell us what you like best about the care you received.**

**9. Please tell us what you like least about the care you received.**