

### Patient Satisfaction Survey

Date of Service  Name (optional)

Procedure:  Colonoscopy  Upper Endoscopy  Flexible Sigmoidoscopy

Physician:  
 John T. Horney, MD  Thomas P. McGahon, MD  Kelly L. Carson, MD  David H. Weinstein, MD  Max A. Shapiro, MD

Scale for Questions 1-6:

1=Strongly Disagree, 2=Disagree 3=Somewhat Disagree 4=Somewhat Agree 5=Agree 6=Strongly Agree

1. The Facility was clean, comfortable and pleasant:  1  2  3  4  5  6

Comments

2. The procedure was explained so that you understood:  1  2  3  4  5  6

Comments

3. Staff treated you with respect, courtesy, professionalism and competence:  1  2  3  4  5  6

Comments

4. Physician treated you with respect, courtesy, professionalism and competence:  1  2  3  4  5  6

Comments

5. Did you have an adequate understanding of the Procedure?  Yes  No

If No, please explain:

6. Discharge instructions were clear and easy to understand:  1  2  3  4  5  6

Comments

Scale for Questions 7-9:

1=No Discomfort, 2=Some Discomfort 3=Mild Discomfort 4=Moderate Discomfort 5=Strong Discomfort

7. Please rate level of discomfort during bowel preparation (cleaning your bowel prior to procedure):

1  2  3  4  5  N/A Comments

8. Do you remember your procedure?  Yes  No If yes, please rate the discomfort.  1  2  3  4  5

Comments

9. Have you also had this procedure done in a hospital?  Yes  No If yes, which setting do you prefer?  Hospital

Comments   Endoscopy Center

Scale for Question 10:

1=Unsatisfied 2=Somewhat Unsatisfied 3=Somewhat Satisfied 4=Satisfied 5=Completely Satisfied

10. Overall rating of your experience at the Endoscopy Center:  1  2  3  4  5

Any additional comments