

1=Poor 2=Fair 3=Satisfactory 4=Good 5=Excellent

1. How was your scheduling process through the physician's office?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

2. Patient Registration process:  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

3. Were your questions answered in a courteous and through fashion?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

4. Was the center's staff attentive to your needs?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

5. Do you feel you were treated with respect, consideration and dignity?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

6. Were your discharge instructions adequately explained to you?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

7. At any time were you kept waiting for an extended period of time?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

8. If you were waiting for any time, did the staff keep you informed as to the reason for the delay?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

9. Was your escort treated as a guest and made comfortable while waiting?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

10. How would you describe your overall experience at our facility?  
(Poor) 1. 2. 3. 4. 5. (Excellent)

\_\_\_\_\_

11. Was there any one individual or aspect of your experience that made it easier or more comfortable for you?  
Your physician    Your anesthesiologist    Our staff    A particular staff member    \_\_\_\_\_

If you would like to discuss any aspect of your care, please contact the administrator:  
440-708-0582

Mail the completed form to:  
The Endoscopy Center at  
Bainbridge  
8185 East Washington Street,  
Suite 106  
Chagrin falls, OH 44023  
Attn: Administrator

We welcome your comments or suggestions for improvement:

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\_\_\_\_\_  
\_\_\_\_\_

Patient Name (optional) \_\_\_\_\_