

**Kissimmee Endoscopy Center
Patient Satisfaction Survey**

Your assistance in completing this survey will help us improve our care for patients. Please complete and return this form to the Endoscopy Center Director or Satisfaction Survey Box. Thank you.

Date of Procedure: _____ **Physician Name:** _____

Type of Procedure (Please circle): Colonoscopy / Upper Endoscopy / Other **Patient Sex:** M / F

#	Question	Yes	No	N/A
1	Was your first contact with us positive and helpful?			
2	Did you find the information and instructions you received prior to your procedure helpful and informative?			
3	Was the person who answered your telephone calls friendly, helpful, and interested?			
4	Was the Endoscopy Center easy to find and was there adequate parking?			
5	Was the office staff at the Endoscopy Center courteous and helpful upon your arrival?			
6	Was the financial transaction and billing for services conducted in a satisfactory manner?			
7	Were the nurses, assistants, and anesthesia provider professional, patient, and caring?			
8	Was the physician professional, patient, and caring?			
9	Was your procedure and result adequately explained to you?			
10	If you had any discomfort during the procedure, did we manage it adequately?			
11	Were the instructions you received from us for care at home after the procedure satisfactory and easy to understand?			

How can we improve our care and facility?

Name (optional): _____
(Please add your name so we can contact you for further information, if needed.)

Thank You!

* If you wish to **mail** your survey to us, the address is: Kissimmee Endoscopy Center, 715 Oak Commons Blvd, Kissimmee, FL 34741 Attention: Center Director