



34 Upper Riverdale Road, Suite 201
 Riverdale, GA 30274
 FAX (678) 904-9712

PATIENT SATISFACTION SURVEY

1. Which procedure did you have (circle one or both)?	EGD (upper endoscopy)	Colonoscopy		
2. Have you ever had this procedure in a hospital?	Yes	No		
3. If the answer to #2 is YES, which setting did you prefer?	Hospital	Endoscopy Center		
4. Who explained the procedure to you (circle all that apply)?	Physician	Nurse	Printed material	No one
Comments: _____				

Please answer the following questions, where 5 is excellent and 1 is very poor:

		POOR	←-----→	EXCELLENT	
5. The procedure was explained clearly to me. Comments: _____	1	2	3	4	5
6. The facility was clean and orderly. Comments: _____	1	2	3	4	5
7. My procedure started on time. Comments: _____	1	2	3	4	5
8. I was treated well by the nursing staff. Comments: _____	1	2	3	4	5
9. The physician and nursing staff were competent in their work. Comments: _____	1	2	3	4	5
10. Rate your comfort level during the procedure. Comments: _____	1	2	3	4	5
11. The post-procedure instructions were explained clearly. Comments: _____	1	2	3	4	5
12. If you need another endoscopic procedure, would you return to our Center? Please explain why or why not: _____				Yes	No

Please feel free to add any additional comments or suggestions on the back of this sheet that would help the Center to better serve you. Thank you in advance for completing this form.