



PATIENT SATISFACTION SURVEY

We would like to know how you feel about your experience at Burlington County Endoscopy Center. Please complete our optional survey using a dark pen. **Fill in the circles completely.** Leave blank any questions that do not apply. You can mail the survey to the above address. Thanks for helping us to improve our service.

	Poor	Fair	Very Good	Good	Excellent
CONTACTING OUR CENTER					
1. The availability, helpfulness, and sincerity of our endoscopy center staff by phone.....	0	0	0	0	0
RECEPTION, REGISTRATION					
2. The registration process in terms of ease, efficiency, and level of service.....	0	0	0	0	0
OUR FACILITY					
3. Overall comfort, amenities, cleanliness and accessibility of our facility.....	0	0	0	0	0
4. The experience in terms of how safe and secure you felt... ..	0	0	0	0	0
NURSING STAFF					
5. Effectiveness of our nurses in addressing personal needs and concerns.....	0	0	0	0	0
DOCTORS AND OTHER PROVIDERS					
6. Doctor(s) ability and willingness to address questions about your care.....	0	0	0	0	0
7. Likelihood that you would choose the same doctor in the future.....	0	0	0	0	0
TIME MANAGEMENT					
8. If your procedure was delayed, how well you were kept informed of the situation.....	0	0	0	0	0
9. Effectiveness in meeting your overall time expectations.....	0	0	0	0	0
AFTER CARE and POST PROCEDURE CALL					
10. The clarity, explanation, and completeness of your discharge instructions.....	0	0	0	0	0
11. The follow-up call's effectiveness in addressing any concerns you had.....	0	0	0	0	0
OVERALL RATING					
12. Our staff's respect for your privacy and dignity.....	0	0	0	0	0
13. Probability you will return to our facility for future endoscopic needs.....	0	0	0	0	0
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14. Would you like us to contact you about the concerns you noted above?.....	No 0	Yes 0			

We welcome your comments, questions, concerns, and suggestions for improvement!
You may also recognize a member or members of our staff in the following comment section.

Name: _____ Phone#: _____ Date of Visit: _____

BELOW IS FOR STAFF USE ONLY/Please Identify Attending Physician

MA 0 LD 0 JK 0 HL 0 ML 0 NS 0 WT 0