

MICHIANA ENDOSCOPY CENTER SURVEY

53830 Generations Drive
South Bend, IN 46635
(574) 271-0893

THE SERVICE YOU RECEIVED? Endoscopy Colonoscopy Physician

- 1. Did you receive a pre-procedure call? ____ Yes ____ No ____ Message Left
- 2. Did you receive a post-procedure call? ____ Yes ____ No ____ Message Left
- 3. Did you receive your paperwork on time? ____ Yes ____ No

INSTRUCTIONS: Please circle the number that best describes your visit

Very Very

PLEASE RATE OUR FACILITY Poor Poor Fair Good Good

- 1. Cleanliness of the facility. 1 2 3 4 5
- 2. Private and restful recovery area. 1 2 3 4 5

PLEASE RATE OUR RECEPTION/INTAKE STAFF

- 1. Clarity of the information given on the pre-procedure call. 1 2 3 4 5
- 2. Helpfulness of the person at the registration desk. 1 2 3 4 5
- 3. Professionalism/courteousness of intake nurse. 1 2 3 4 5
- 4. Paperwork adequately explained. 1 2 3 4 5

PLEASE RATE OUR NURSING/PHYSICIAN STAFF

- 1. Nurses were professional and knowledgeable. 1 2 3 4 5
- 2. Questions answered to your satisfaction. 1 2 3 4 5
- 3. Clarity of information from Physician. 1 2 3 4 5

PLEASE RATE YOUR OVERALL EXPERIENCE

- 1. Privacy and confidentiality were respected. 1 2 3 4 5
- 2. Length of waiting time was acceptable. 1 2 3 4 5
- 3. Friendliness/courtesy of the staff. 1 2 3 4 5
- 4. Overall experience with our facility. 1 2 3 4 5
- 5. Likelihood of recommending our facility to others. 1 2 3 4 5

Have you seen/heard any radio/television commercials regarding colonoscopies or colon cancer screening? Yes No

COMMENTS

If you would like us to respond to your comments please sign your name below.

Name:

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE