

Patient Satisfaction Survey

Dear Patient:

At, **Grace Endocrine Services** we are committed to providing you with the best possible healthcare. We are interested in knowing what you think about our services. You can help us evaluate our performance by completing this brief (5 minute) survey regarding your visit. Thank you for taking time to share your experience with us.

Date of service _____ AM/PM (Versus Appointment Time _____)

#	Rating	Very Poor	Poor	Fair	Good	Very Good	N/A
1	If you spoke to the facility by phone, how helpful was the person you spoke with						
2	Ease of scheduling your procedure						
3	The ease of the check-in process						
4	The comfort, cleanliness, and amenities of the facility						
5	Clear and sufficient instructions on what to do and what to expect before your procedure						
6	The wait time in the endoscopy unit, compared to your expectation						
7	The courtesy and caring of your physician						
8	The courtesy and caring of the medical assistant and support staff						
9	Skills of assisting staff.						
10	Comfort level within the waiting room						
11	Comfort level within the exam room						
12	Comfort level cleanness of the room/rest room etc..						
13	Usefulness of the information provided about what was done during your visit						
14	Clear and sufficient instructions on what to do and what to expect after your visit						
15	Overall, how would you rate the teamwork between the doctor, nurses' practitioners and other staff						
16	Overall, how satisfied were you with the service we provide.						

Was this your first visit as a patient to our facility? ___Y ___ N

Do you recommend this clinic to others? ___Y ___ N

Please add any comments you have regarding your experience today:

Thank you