



## PATIENT SURVEY

In order that we may serve our patients better, please take a few minutes to evaluate our Center.  
**Please rate your responses by placing a check mark ( ✓ ) in the box to the right of the question  
 and write any additional comments in the spaces provided.**

	Excellent	Good	Fair	Poor
1) How would you rate the timeliness of your procedure from start to finish?				
2) How would you rate Iowa Endoscopy Center for comfort and organization?				
3) How would you rate your pre-procedure teaching?				
4) How would you rate your pain management during your procedure?				
5) How would you rate the Receptionist for courtesy and helpfulness?				
6) How would you rate your Nursing care while you were at Iowa Endoscopy Center?				
7) How would you rate your Physician's care while you were at Iowa Endoscopy Center?				
8) How would you rate the written and verbal discharge instructions you received?				
9) How would you rate Iowa Endoscopy Center for cleanliness?				
10) How would you rate Iowa Endoscopy Center overall?				

Please explain any ratings of "Fair" or "Poor" or provide additional suggestions on how we can better meet your needs and expectations:


**Thank you.**

Name: (optional) \_\_\_\_\_ Procedure Date: \_\_\_\_\_