

Physician: \_\_\_\_\_

1=Poor 2=Fair 3=Satisfactory 4=Good 5=Excellent

**1. Patient Registration Process:**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Were your questions answered in a courteous and thorough fashion?**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Was the Center's staff attentive to your needs?**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Do you feel you were treated with respect, consideration and dignity?**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**5. Were your discharge instructions adequately explained to you?**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. At any time were you kept waiting for an extended period of time?**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. If you were kept waiting for any time, did the staff keep you informed as to the reason for the delay?**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Was your escort treated as a guest and made comfortable while waiting?**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**9. How would you describe your overall experience at our facility?**

Poor (1)  (2)  (3)  (4)  (5)  Excellent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Was there any one individual or aspect of your experience that made it easier or more comfortable for you?**

- Your physician
- Your anesthesiologist
- Our staff
- A particular staff member: \_\_\_\_\_

**We welcome your comments or suggestions for improvement:.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Name (optional):** \_\_\_\_\_

**ADVANCED ENDOSCOPY CENTER**

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