

TEXAS★ENDOSCOPY

6405 West Parker Road, Suite 370 • Plano, Texas 75093 • 972-473-9292 • Fax 972-608-0127

Patient Satisfaction Survey

In an effort to improve services to our patients, we would appreciate it if you would take a few minutes to fill out this questionnaire. This survey relates only TEXAS ENDOSCOPY and its staff.

Please circle the number which corresponds with your level of satisfaction.
(5 meaning that you strongly agree and 1 meaning that you strongly disagree)

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|--|---|---|---|---|---|
| 1. I was treated in a courteous, professional, informative and helpful manner by the staff. | 5 | 4 | 3 | 2 | 1 |
| 2. I found my consultation to be educational and helpful in regards to the procedure. | 5 | 4 | 3 | 2 | 1 |
| 4. The staff helped to relieve my fears and anxieties in order to make my visit more pleasant. | 5 | 4 | 3 | 2 | 1 |
| 5. The method used in making financial arrangements was conducted in a professional and confidential manner. | 5 | 4 | 3 | 2 | 1 |
| 6. I found the pre-procedure and post-procedure instructions clear and easy to follow. | 5 | 4 | 3 | 2 | 1 |
| 7. I would return to this facility, as I was treated with respect and consideration in a dignified manner. | 5 | 4 | 3 | 2 | 1 |
| 8. I would not hesitate to recommend this facility. | 5 | 4 | 3 | 2 | 1 |

Comments: _____

Are there ways we can improve our services to serve you better? _____

Name (Optional)

Date of Appointment (Optional)