

Comments:

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May we call you if we have additional questions?

Yes  No

If we may call you, please print the following:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Best time to call \_\_\_\_\_

*Thank you for taking the time to complete this survey.*

The Staff at  
West River Endoscopy

West River Endoscopy  
Compliance Officer  
44 West River Street, 1<sup>st</sup> Floor  
Providence, RI 02904

# West River Endoscopy



## PATIENT SATISFACTION SURVEY

44 West River Street, 1<sup>st</sup> Floor  
Providence, RI 02904  
(401) 274-4800



*Accredited by the*

ACCREDITATION ASSOCIATION  
*for* AMBULATORY HEALTH CARE, INC.

## Patient Satisfaction Survey

Welcome to West River Endoscopy. It is our goal to provide you and/or your family member with the best care possible. You may assist us in improving our services by completing this survey. Your answers will be kept confidential. You may return this to the receptionist or drop it in the mail, at your convenience.

Please rate the following:

### 1. How long you waited to schedule your procedure with the physician's office.

- a.) Excellent
- b.) Very Good
- c.) Good
- d.) Fair
- e.) Poor

### 2. How long you spent waiting at the facility before your procedure.

- a.) Excellent
- b.) Very Good
- c.) Good
- d.) Fair
- e.) Poor

### 3. The personal manner (courtesy, respect, sensitivity, friendliness) of the physician who performed your procedure.

- a.) Excellent
- b.) Very Good
- c.) Good
- d.) Fair
- e.) Poor

### 4. The personal manner (courtesy, respect, sensitivity, friendliness) of the secretarial staff who checked you in for your procedure.

- a.) Excellent
- b.) Very Good
- c.) Good
- d.) Fair
- e.) Poor

### 5. The personal manner (courtesy, respect, sensitivity, friendliness) of the nurses and other support staff.

- a.) Excellent
- b.) Very Good
- c.) Good
- d.) Fair
- e.) Poor

### 6. The technical skills (thoroughness, carefulness, competence) of the nurses who prepared you for your procedure.

- a.) Excellent
- b.) Very Good
- c.) Good
- d.) Fair
- e.) Poor

### 7. Adequacy of the explanations of your procedure and what was done for you (all your questions answered).

- a.) Excellent
- b.) Very Good
- c.) Good
- d.) Fair
- e.) Poor

### 8. What was your level of pain during the procedure?

- a.) No pain
- b.) Mild pain
- c.) Moderate pain
- d.) Severe pain

### 9. Overall rating of your visit.

- a.) Excellent
- b.) Very Good
- c.) Good
- d.) Fair
- e.) Poor

### 10. Would you have this procedure done again by the same physician?

Yes  No

### 11. Would you have this procedure done again at this facility?

Yes  No

### 12. Were the parking and location convenient?

Yes  No

### 13. Would you recommend this facility to your family members and/or friends?

Yes  No

### 14. Was there anything we could have done better?

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