



**PATIENT PERCEPTION OF CARE, TREATMENT, AND SERVICES**

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 the 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 stay?				
5. How would you rate your nursing care while you were at the Center?				
6. How would you rate your physician's care while you were at the Center?				
7. How would you rate the written and verbal discharge instructions you received?				
8. How would you rate the way the Iowa Endoscopy Center met your needs and expectations?				

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


Your safety is of utmost importance to us. Do you have any comments or suggestions on how we can improve patient safety in this facility?


When you were first scheduled for your exam, did you receive our brochure called, **“Keeping You Safe: How you can help us keep you safe before, during, and after your procedure.”**? Yes No

Updated 7/12/16

**Thank you.**

Name: (optional) \_\_\_\_\_

Procedure Date: \_\_\_\_\_