

IMA Endoscopy SurgiCenter Satisfaction Survey

We appreciate you choosing IMA Endoscopy SurgiCenter for your procedure. We are constantly striving to improve our service. Thank you for your assistance!

Day of the week of your procedure: Mon Tue Wed Thu Fri (Circle one)

Total time spent at IMA Endoscopy SurgiCenter: Hours _____ Minutes _____

Please rate the services you received while at IMA Endoscopy SurgiCenter.
1=very poor; 2=poor; 3=fair; 4=good; 5=very good (Please circle one number)

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|--------------------------------------------------------------------------------|-------------------|
| 1. Waiting time before you were brought into Prep room: | 1 2 3 4 5 |
| 2. Time for the staff to return your call after you left a voice mail message: | 1 2 3 4 5 |
| 3. Concern for your privacy: | 1 2 3 4 5 |
| 4. Concern to keep you informed about your treatment: | 1 2 3 4 5 |
| 5. Degree to which the Doctor/Nurses took the time to listen to you: | 1 2 3 4 5 |
| 6. Concern for your comfort during your procedure: | 1 2 3 4 5 |
| 7. How well you were kept informed about delays: | 1 2 3 4 5 |
| 8. Information you received prior to the procedure: | 1 2 3 4 5 |
| 9. Information regarding phone numbers to call with problems or questions: | 1 2 3 4 5 |
| 10. The discharge instructions you received after the procedure: | 1 2 3 4 5 |
| 11. Overall rating of care received during your visit: | 1 2 3 4 5 |
| 12. Likelihood of your recommending our Endoscopy Center to others: | 1 2 3 4 5 |
| 13. Degree of safety/security you felt while in our Center: | 1 2 3 4 5 |

Comments (describe good or bad experience): _____

Name (optional): _____

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How Did We Do?

Please send completed satisfaction surveys to IMA Endoscopy SurgiCenter by fax or mail.

Fax to:
219-736-4663

or

Mail to:
Dawn Bailey
8895 Broadway
Merrillville, Indiana 46410