

# Advanced Pediatric Gastroenterology, PC

We'd like to know how you feel about our services. Please take a moment to fill out this survey.  
Your responses will remain anonymous. Thank you for your help.

	excellent	very good	good	fair	poor	not applicable
<b>A. YOUR APPOINTMENT:</b>						
Ease of making appointment	5	4	3	2	1	NA
Appointment available within a reasonable time	5	4	3	2	1	NA
The efficiency of the check-in process	5	4	3	2	1	NA
Waiting time in the reception area	5	4	3	2	1	NA
Waiting time in the exam room	5	4	3	2	1	NA
<b>B. OUR STAFF:</b>						
The courtesy of the person who took your call	5	4	3	2	1	NA
The courtesy of the receptionists	5	4	3	2	1	NA
The care of the nurses & x-ray technicians	5	4	3	2	1	NA
The helpfulness of the business office	5	4	3	2	1	NA
<b>C. YOUR VISIT WITH THE DOCTOR:</b>						
The doctor listening to you	5	4	3	2	1	NA
The doctor taking time to answer your questions	5	4	3	2	1	NA
Amount of time the doctor spent with you	5	4	3	2	1	NA
The doctor's explanation of the diagnosis	5	4	3	2	1	NA
The doctor's explanation of the treatment	5	4	3	2	1	NA
<b>D. OUR FACILITY:</b>						
Hours of operation convenient for you	5	4	3	2	1	NA
Adequate parking	5	4	3	2	1	NA
Ease of finding our office	5	4	3	2	1	NA
Overall comfort	5	4	3	2	1	NA
<b>E: YOUR OVERALL SATISFACTION WITH OUR OFFICE</b>						
<b>WOULD YOU RECOMMEND US?</b>		<b>YES</b>		<b>NO</b>		

IF NO, WHY NOT? \_\_\_\_\_

WHAT SERVICES WOULD YOU LIKE US TO ADD? \_\_\_\_\_

WHICH DOCTOR DID YOU SEE?

KHURANA