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## Colon and Rectal Clinic, PA

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We respect our patients within the Colon and Rectal Clinic, and value your opinion. We ask that you take a brief moment to complete this form, so that we can continue to improve on the service you receive during your appointment within the Colon and Rectal Clinic. We assure you, that your responses are strictly confidential, and thank you in advance for your time and help.

PLEASE RATE THE FOLLOWING:

|   | Excellent | Very<br>Good | Good | Fair | Poor | Does Not<br>Apply |
|---|-----------|--------------|------|------|------|-------------------|
| <b>YOUR APPOINTMENT:</b>                      |           |              |      |      |      |                   |
| Ease of making appointments via phone         | 5         | 4            | 3    | 2    | 1    | N/A               |
| Appointment available within reasonable time  | 5         | 4            | 3    | 2    | 1    | N/A               |
| Efficiency of check in process                | 5         | 4            | 3    | 2    | 1    | N/A               |
| Waiting time in reception area                | 5         | 4            | 3    | 2    | 1    | N/A               |
| Waiting time in exam room                     | 5         | 4            | 3    | 2    | 1    | N/A               |
| Total time in office for appointment          | 5         | 4            | 3    | 2    | 1    | N/A               |
| Did we keep you informed of delays            | 5         | 4            | 3    | 2    | 1    | N/A               |
| <br><b>OUR STAFF:</b>                         |           |              |      |      |      |                   |
| The friendliness of the receptionist          | 5         | 4            | 3    | 2    | 1    | N/A               |
| The caring concern of our medical assistants  | 5         | 4            | 3    | 2    | 1    | N/A               |
| The helpfulness of the billing department     | 5         | 4            | 3    | 2    | 1    | N/A               |
| The helpfulness of our surgery schedulers.    | 5         | 4            | 3    | 2    | 1    | N/A               |
| Courtesy of physician during your appointment | 5         | 4            | 3    | 2    | 1    | N/A               |
| <br><b>OUR COMMUNICATION WITH YOU:</b>        |           |              |      |      |      |                   |
| Your phone calls answered promptly            | 5         | 4            | 3    | 2    | 1    | N/A               |
| Getting help/advice during office hours       | 5         | 4            | 3    | 2    | 1    | N/A               |
| Explanation of your procedure                 | 5         | 4            | 3    | 2    | 1    | N/A               |
| Test results reported in a reasonable time    | 5         | 4            | 3    | 2    | 1    | N/A               |
| Effectiveness of our information materials    | 5         | 4            | 3    | 2    | 1    | N/A               |
| Your ability to contact us after hours        | 5         | 4            | 3    | 2    | 1    | N/A               |
| Your ability to obtain refills by phone       | 5         | 4            | 3    | 2    | 1    | N/A               |

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**YOUR VISIT WITH THE PROVIDER:**

(Doctor)

|  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| Willingness to listen carefully to you           | 5 | 4 | 3 | 2 | 1 | N/A |
| Taking time to answer your questions             | 5 | 4 | 3 | 2 | 1 | N/A |
| Amount of time spent with you                    | 5 | 4 | 3 | 2 | 1 | N/A |
| Explaining things in a way you could understand  | 5 | 4 | 3 | 2 | 1 | N/A |
| Instructions regarding medication/follow-up care | 5 | 4 | 3 | 2 | 1 | N/A |
| The thoroughness of the examination              | 5 | 4 | 3 | 2 | 1 | N/A |
| Advice given to you on ways to stay healthy      | 5 | 4 | 3 | 2 | 1 | N/A |

**OUR FACILITY:**

|                                       |   |   |   |   |   |     |
|---------------------------------------|---|---|---|---|---|-----|
| Hours of operation convenient for you | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall comfort                       | 5 | 4 | 3 | 2 | 1 | N/A |
| Signage and directions easy to follow | 5 | 4 | 3 | 2 | 1 | N/A |

**YOUR OVERALL SATISFACTION WITH:**

|   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| Our practice                              | 5 | 4 | 3 | 2 | 1 | N/A |
| The quality of your medical care          | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall rating of care from your provider | 5 | 4 | 3 | 2 | 1 | N/A |

WOULD YOU RECOMMEND THE PROVIDER TO OTHERS? Yes / No

IF NO, PLEASE TELL US WHY: \_\_\_\_\_  
\_\_\_\_\_

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT: \_\_\_\_\_  
\_\_\_\_\_

**SOME INFORMATION ABOUT YOU:**

**GENDER:**

Male 1  
Female 2

**YOUR AGE**

Under 18 1  
18-30 2  
31-40 3  
41-50 4  
51-60 5  
Over 60 6

**ARE YOU:**

A new patient 1  
A returning patient 2