



# SARATOGA SCHENECTADY ENDOSCOPY CENTER

Quality Care, Comfort and Convenience

*Thank you for scheduling your procedure at our Center. Please help us continue to improve the quality of the services we provide by sharing with us how we have met your needs and expectations. Please complete this survey and mail it back to us at your earliest convenience.*

*We appreciate your assistance and look forward to receiving your comments as they are very important to us.*

*Sincerely,*

*Deborah L. Hunt, Administrator*

1. Was there anything outstanding or special about your visit? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Courtesy of Staff                                      | <input type="checkbox"/> My questions/concerns were answered         |
| <input type="checkbox"/> Parking convenience                                    | <input type="checkbox"/> Quality of information I received           |
| <input type="checkbox"/> Helpfulness of staff                                   | <input type="checkbox"/> Coordination of my visit to the Center      |
| <input type="checkbox"/> Coordination of paperwork                              | <input type="checkbox"/> Ability to get an appointment when I wanted |
| <input type="checkbox"/> Cleanliness  | <input type="checkbox"/> Hours open for an appointment               |
| <input type="checkbox"/> Waiting time before I was seen the day of my procedure |  |
| <input type="checkbox"/> Other _____  |  |

2. Was there anything disappointing or that did not meet your expectations about your visit? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Courtesy of Staff                                      | <input type="checkbox"/> My questions/concerns were answered         |
| <input type="checkbox"/> Parking convenience                                    | <input type="checkbox"/> Quality of information I received           |
| <input type="checkbox"/> Helpfulness of staff                                   | <input type="checkbox"/> Coordination of my visit to the Center      |
| <input type="checkbox"/> Coordination of paperwork                              | <input type="checkbox"/> Ability to get an appointment when I wanted |
| <input type="checkbox"/> Cleanliness  | <input type="checkbox"/> Hours open for an appointment               |
| <input type="checkbox"/> Waiting time before I was seen the day of my procedure |  |
| <input type="checkbox"/> Other _____  |  |

3. Which physician did you see? (please circle)

Dr. Adsit Dr. Belova Dr. Boyar Dr. Cornish Dr. DeFrancisco Dr. Feinberg  
Dr. Goetz Dr. Gusten Dr. Malamood Dr. Metwally Dr. Provost Dr. Sood

4. Overall, how satisfied were you with your visit?

- |   |  |
|---|--|
| <input type="checkbox"/> Very Satisfied     | <input type="checkbox"/> Somewhat Dissatisfied |
| <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Dissatisfied     |

5. Would you recommend our Center to your family and friends? \_\_\_\_\_yes \_\_\_\_\_no

**Comments** \_\_\_\_\_

**Name (optional):** \_\_\_\_\_ **Date of Service:** \_\_\_\_\_