51403

# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ● | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 08 - 09 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

0264

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

colon cleansing was not pleasant as it did not work the first time - more pre prep should be recommended a day or two before.

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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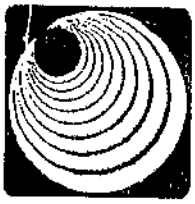

# Colorado Endoscopy Centers

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ■ | ☐ |
| 10. Did you receive discharge instructions? | ■ | ☐ |
| 11. Were the instructions clear? | ■ | ☐ |

**FACILITY USE ONLY**

Date of Service: 08 - 14 - 12

Primary Payor ID:

Physician ID:

0264

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

THE STAFF WAS very professional and the FACILITY was also very clean.

What did you like least about your experience at the facility?

Any other comments?

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# Colorado Endoscopy Centers

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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 08-28-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Staff was friendly & professional.
Procedure went as planned.

**What did you like least about your experience at the facility?**

Nothing to critique!

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 08 - 02 - 12

Primary Payor ID:

Physician ID:

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Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

The friendliness of the nurses
The reminder phone call
The follow phone call

What did you like least about your experience at the facility?

Any other comments?

No

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 08-28-12

Primary Payor ID:

Physician ID:

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Patient Account #:

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Date of Service Primary Payor ID

[redacted] [redacted]

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[redacted]

Please submit your written responses to the following questions in the boxes provided below.

[redacted] [redacted]

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[redacted]

Please submit your written responses to the following questions in the boxes provided below.

**What did you like best about your experience at the facility?**

Warm Professional Staff
Excellent Care by the Nurses & Dr Jensen

**What did you like least about your experience at the facility?**

**Any other comments?**

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# Colorado Endoscopy Centers

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| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 8-23-12

Primary Payor ID:

Physician ID:

Patient Account #:

0264

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Friendly, compassionate staff
Crazy (in a good way ☺) Dr!
I felt very comfortable & comforted in this office

**What did you like least about your experience at the facility?**

**Any other comments?**

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# Colorado Endoscopy Centers

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|---|---|---|---|---|---|---|
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| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 8-30-12

Primary Payor ID:

Physician ID:

Patient Account #:

0264

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[redacted] [redacted]

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[redacted]

**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

The professionalism of the doctor, nurses and technicians. The friendly attitude of the receptionist and other employees.

What did you like least about your experience at the facility?

I did not have any type of negative characterized experiences. The procedure ~~was~~ did not affect me in any negative manner.

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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[redacted]

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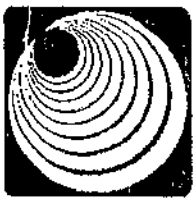

# Colorado Endoscopy Centers

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 08 - 14 - 11

Primary Payor ID:

Physician ID:

Patient Account #:

0264

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

You folks are most welcoming + putting patient at ease - Thanks

What did you like least about your experience at the facility?

Any other comments?

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| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
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| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

The care provided by all nursing staff and especially the layman terms used by Dr Jensen in explaining the results of the procedure and future recommendations. I also appriciated his humor and bedside manner.

What did you like least about your experience at the facility?

It's impossible to say when you have such excellent care and a clean facility.

Any other comments?

I would not hesitate recommending this facility and staff to others.

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# Colorado Endoscopy Centers

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| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
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| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

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Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Pleasant + Caring People. Made Procedure Very Doable And Pleasant. Clean + Timely. All Good !!!

What did you like least about your experience at the facility?

N/A

Any other comments?

All Good

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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## GI and Endoscopy Services

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Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure. | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 08 - 02 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Friendlyness of the Staff.

**What did you like least about your experience at the facility?**

Nothing.

**Any other comments?**

You made what I thought would be an unpleasant experiance as pleasant as Could be.

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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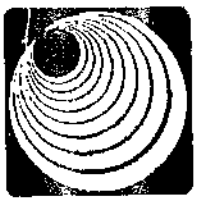

# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

Insurance billing was a little confusing. She did not explain much, just told me how much to $ to bring with me

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

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| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

Date of Service ☐☐ - ☐☐ - ☐☐

Primary Payor ID ☐☐☐☐☐☐☐☐

Physician ID ☐☐☐☐☐☐☐☐

Patient Account # ☐☐☐☐☐☐☐☐

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Everything; Prof

What did you like least about your experience at the facility?

The prep day

Any other comments?

Thanks!

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# Colorado Endoscopy Centers

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ■ | ☐ |
| 10. Did you receive discharge instructions? | ■ | ☐ |
| 11. Were the instructions clear? | ■ | ☐ |

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Date of Service: 08 - 02 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Everyone was cheerful & caring

**What did you like least about your experience at the facility?**

Everyone was very professional.

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ■ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ■ | ☐ |
| 10. Did you receive discharge instructions? | ■ | ☐ |
| 11. Were the instructions clear? | ■ | ☐ |

**FACILITY USE ONLY**

**Date of Service**

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**Primary Payor ID**

**Physician ID**

**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Warm Professional Staff
Excellent Care by the Nurses & Dr Jensen

**What did you like least about your experience at the facility?**

**Any other comments?**

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# Colorado Endoscopy Centers

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 08 - 14 - 12

Primary Payor ID:

Physician ID:

0264

Patient Account #:

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[redacted] [redacted]

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Great Care & Service

[redacted] [redacted]

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Very professional

What did you like least about your experience at the facility?

none

Any other comments?

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# Colorado Endoscopy Centers

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|---|---|---|---|---|---|---|
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

**Date of Service** 8 - 22 - 12

**Primary Payor ID**

**Physician ID**

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**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Nurses before + after EGD were excellent!

**What did you like least about your experience at the facility?**

N/a

**Any other comments?**

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# Colorado Endoscopy Centers

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

**Date of Service** 8 - 30 - 12

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**Patient Account #**

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What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

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| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 08 - 14 - 12

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What did you like best about your experience at the facility?

Completed a required 5 year, requested Xyan

What did you like least about your experience at the facility?

Any other comments?

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| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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**Date of Service** 8 - 30 - 12

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**What did you like best about your experience at the facility?**

**What did you like least about your experience at the facility?**

**Any other comments?**

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# Colorado Endoscopy Centers

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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

Date of Service: 08 - 31 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

**Date of Service**

08 - 28 - 12

**Primary Payor ID**

**Physician ID**

**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

**What did you like least about your experience at the facility?**

**Any other comments?**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

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Date of Service: 8-30-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

The friendliness - made me feel comfortable & more relaxed.

**What did you like least about your experience at the facility?**

The wait to get me out & home. But still am not complaining - I understand the outpatient-Day Surgery routine.

**Any other comments?**

Very good care!

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

**Date of Service**

8 - 31 - 12

**Primary Payor ID**

**Physician ID**

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**Patient Account #**

**Do not write or mark in this box.**

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Dorothy Edwards

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Very satisfactory. Help was very professional and yet very friendly. Which I liked.

dle

**What did you like least about your experience at the facility?**

—

**Any other comments?**

—

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# Colorado Endoscopy Centers

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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**Date of Service** 8 - 27 - 12

**Primary Payor ID**

**Physician ID**

**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

I felT comfortable and had complete confidence in the staff and DR. Jensen

**What did you like least about your experience at the facility?**

As any other patient I was apprehensive about the procedures but that was not a problem.

**Any other comments?**

I wish to thank the staff for their kindness.

Ray King

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

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Date of Service: 07 - 22 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

I had clear answers to my questions.

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

only thing was they forget to put new med in med list, but it was in instructions they told me.

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Date of Service: 08 - 20 - 12

Primary Payor ID:

Physician ID:

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Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

nice, relaxed staff

**What did you like least about your experience at the facility?**

long wait for initial appointment - seen 1 hr after appt time.

**Any other comments?**

good experience, no post procedure sore throat

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

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Date of Service: 8-31-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

**What did you like least about your experience at the facility?**

I wasn't completely & felt pain.
I hate Moviprep - yuk.

**Any other comments?**

Total confidence in Dr Jensen.

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

Sorry we mixed up each others up

**FACILITY USE ONLY**

Date of Service: 8 - ~~24~~ 31 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Easy & painless

**What did you like least about your experience at the facility?**

When I came to, post procedure, I was disoriented and didn't know the procedure was done - AND NO ONE TOLD ME IT WAS COMPLETED. So I stayed confused a bit longer. There was also somewhat of an assembly line atmosphere and I felt the doctor was a little rushed in his post-procedure visit with me.

**Any other comments?**

The Movi Prep uses Aspartame, which I don't like to ingest.
The whole prep procedure is demanding, although I'm sure it's optimized for the doctor; it would be great to have something better for the patient.

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

sorry - we mixed up each others.

**FACILITY USE ONLY**

Date of Service: 8 - 31 - 12 (24)

Primary Payor ID:

Physician ID:

0264

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

prompt professional supportive thorough

**What did you like least about your experience at the facility?**

somebody needs to invent a new prep. 😉
A bit more waiting/patient privacy.

**Any other comments?**

Thanks for making an uncomfortable test as comfortable as possible.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

**Date of Service** 08 - 28 - 12

**Primary Payor ID**

**Physician ID**

0264

**Patient Account #**

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**Do not write or mark in this box.**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

I Love the way they to Care
Of me

**What did you like least about your experience at the facility?**

**Any other comments?**

I Love them all.
they were Careing

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service ☐☐ - ☐☐ - ☐☐

Primary Payor ID ☐☐☐☐☐☐☐☐

Physician ID ☐☐☐☐☐☐☐☐

Patient Account # ☐☐☐☐☐☐☐☐

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

fast, good, service

What did you like least about your experience at the facility?

had to drink all that stuff

Any other comments?

good

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

**Date of Service** 12 - 13 - 12

**Primary Payor ID**

**Physician ID**

**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Everyone was pleasant and helpful.

**What did you like least about your experience at the facility?**

After my wife's procedure I felt like we were somewhat left on our own to get more water.

**Any other comments?**

I had asked a question in the procedure room before the doctor came in - the nurse said we'll ask the doctor. I then asked the doctor when he came in for the procedure. However, in recovery ~~nurse~~ I felt like my question had been forgotten and ~~no~~ nobody could answer it for me. I know you do a lot of these procedures but it's nice to know I am being listened to.

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service ☐☐ - ☐☐ - ☐☐

Primary Payor ID ☐☐☐☐☐☐☐☐

Physician ID ☐☐☐☐☐☐☐☐

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Patient Account # ☐☐☐☐☐☐☐☐

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

The care that Cathy gave me before + after procedure

**What did you like least about your experience at the facility?**

Having to stay longer because of high blood pressure! The high blood pressure disciplined me!

**Any other comments?**

I know you are all very busy but I would have liked Christine's direction. My Would have helped ~~the~~ anxiety around the procedure

You people do a great job and I appreciate the call the next day - Thank you

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10 - 12 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

How they fit me in after I had cancelled procedure but Medical Emergency

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10 - 26 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

**What did you like least about your experience at the facility?**

Nothing

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10 - 19 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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[redacted] [redacted]

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[redacted]

**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

That you sent out this survey

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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[redacted] [redacted]

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 10 - 25 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

I WAS Very Impressed with the Entire Staff!! Friendly, courdious & thorough — Excellent! THANK You ALL For the great Service!

**What did you like least about your experience at the facility?**

Everything WAS Excellent!

**Any other comments?**

- NAUSEA PILLS were unnecessary, I took only 1
- This Being My Second test in 8 YEARS, the Non prescription I think worked Better and FASTER
- I liked the the Sheet that Showed the fiber in Foods

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☐ | ☒ |

I WAS TOO DOPEY

**FACILITY USE ONLY**

Date of Service: 10-22-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Compassion + Info

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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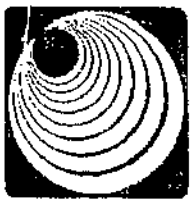

# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
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| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10 - 22 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 1 0 – 1 2 – 1 2

Primary Payor ID:

Physician ID:

Patient Account #:

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Do not write or mark in this box.

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Friendly

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10-31-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service ☐☐ - ☐☐ - ☐☐

Primary Payor ID ☐☐☐☐☐☐☐☐

Physician ID ☐☐☐☐☐☐☐☐

Patient Account # ☐☐☐☐☐☐☐☐

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

THE CARING + FRIENDLY STAFF

What did you like least about your experience at the facility?

THE PROCEDURE

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10 - 9 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

The staff were both professional and friendly. I felt that I was being cared for like "family."

What did you like least about your experience at the facility?

Drinking the preparation!

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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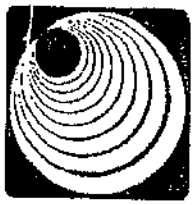

# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10-18-12

Primary Payor ID:

Physician ID:

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Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Questions were answered, procedure was explained well. Staff were all very pleasant

What did you like least about your experience at the facility?

Ø least, everything was great!

Any other comments?

Will see this provider again in 5yrs for next colonoscopy without a second thought.

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 10 - 23 - 12

Primary Payor ID:

Physician ID:

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Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

the staff is always so pleasant and friendly! (and the propofol is pretty nice too!)

What did you like least about your experience at the facility?

Everything went well and I was not dissatisfied with any of my office visit

Any other comments?

Colonoscopy is a procedure that most everyone dreads but this office takes all the nastiness away! Kudos to you all.

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ■ | ☐ |
| 10. Did you receive discharge instructions? | ■ | ☐ |
| 11. Were the instructions clear? | ■ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10 - 13 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Everyone was so helpful and nice great staff and very helpful. Made the percedure more pleasant and they were very helpful. Getting the paper work on line was nice also, that saved a trip to pick up. The office was very organized.

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

**Date of Service** 10 - 26 - 11

**Primary Payor ID**

**Physician ID**

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**Patient Account #**

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**Do not write or mark in this box.**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

IT was pleasant, quick, professionally done, there were no unpleasant after-effects, well done!

**What did you like least about your experience at the facility?**

Nothing, it was all quite well done.

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition:** 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

**Date of Service**

| 1 | 0 | - | 2 | 5 | - | 1 | 2 |
|---|---|---|---|---|---|---|---|

**Primary Payor ID**

**Physician ID**

**Patient Account #**

| 0 | 2 | 6 | 4 | | | | |
|---|---|---|---|---|---|---|---|

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

EFFICIENT, THOUGHTFUL, PLEASANT STAFF

**What did you like least about your experience at the facility?**

— 0 —

**Any other comments?**

THANKS !

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 11 - 13 - 12

Primary Payor ID:

Physician ID:

0264

Patient Account #:

Do not write or mark in this box.

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Everyone treats you great!! Very Professional

What did you like least about your experience at the facility?

Nothing

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 10 - 25 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Everyone is so friendly.

**What did you like least about your experience at the facility?**

Nothing - it was great.

**Any other comments?**

Thank you making an unpleasant procedure as nice as it could be - you are all very nice & have great senses of humor.

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

Cherie' RN

**FACILITY USE ONLY**

Date of Service: 10-05-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Caring, friendly yet very professional nursing staff. Thorough information from Dr. Jenson on results of the endoscopy.

**What did you like least about your experience at the facility?**

All was good!

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 1 / 11 - 9 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

The staff was just wonderful. I was made very comfortable and felt totally at ease. They explained everything that would take place. There was no confusion and the whole procedure went perfect. It was cool that morning and the warm blankets were a plus

What did you like least about your experience at the facility?

The only negative experience was two trips I had to make to the pharmacy because the prescription wasn't properly signed. But this wasn't a big deal.

Any other comments?

The medication for nausea was excellent. I also like the idea of drinking the morphine in two amounts. It gives me a chance to relax between doses.

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

**Date of Service**

10 - 05 - 12

**Primary Payor ID**

**Physician ID**

**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Staff & love your nurses and registration person

**What did you like least about your experience at the facility?**

nothing

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

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Date of Service: 12-07-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Friendly
Efficient
Thorough

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure ☺ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ don't Know |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility not from | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

**Date of Service** 12 - 13 - 12

**Primary Payor ID**

**Physician ID**

**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Very nice people
competent. Professional
& pleasant

**What did you like least about your experience at the facility?**

the 'prep' required to get there

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 12 - 13 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Easy prep. Friendly staff. Thanks for caring for everything.

**What did you like least about your experience at the facility?**

**Any other comments?**

Enjoy the coffee/tea table in reception area. Enjoy having WFI available

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Scale Definition:** 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

! exceptional

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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**FACILITY USE ONLY**

Date of Service: 12-14-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Everyone was caring, friendly, kind.
Kathy was amazing.

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 12-31-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

The overall friendliness & knowledge of all staff was excellent.

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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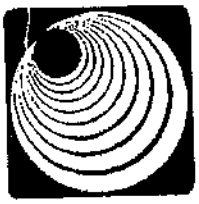

# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

**Date of Service** 12 - 10 - 12

**Primary Payor ID**

**Physician ID**

**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Clear instructions, double checking to make understandings certain. Nurses very friendly and professional. Dr. very clear in explaining procedure. Clean facility. Organized procedure.

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 12 - 04 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

0264

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

The nurse's kindness ~~and~~ as well as anesthesiologist + doctor and the fact I could be confident all would go well.

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 12-28-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Everyone was kind, helpful + made me feel at ease

**What did you like least about your experience at the facility?**

Nothing.

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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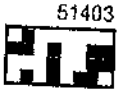

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | | | | | X | |
| 2. Care provided by the nursing staff before your procedure | | | | | X | |
| 3. Care provided by the nursing staff during your procedure | | | | | X | |
| 4. Care provided by the nursing staff after your procedure | | | | | X | |
| 5. Protection of your privacy | | | | | X | |
| 6. Cleanliness and appearance of the facility | | | | | X | |
| 7. Your overall confidence in the care provided to you by the staff | | | | | X | |
| 8. Overall experience at the facility | | | | | X | |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | X | |
| 10. Did you receive discharge instructions? | X | |
| 11. Were the instructions clear? | X | |

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Date of Service: 12-31-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Everyone was very friendly + professional.

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 12-28-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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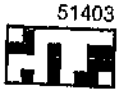

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service ☐☐ - ☐☐ - ☐☐

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Primary Payor ID ☐☐☐☐☐☐☐☐

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Physician ID ☐☐☐☐☐☐☐☐

Patient Account # ☐☐☐☐☐☐☐☐

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[redacted] [redacted]

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[redacted]

**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Nice Friendly staff.

**What did you like least about your experience at the facility?**

[redacted] [redacted]

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[redacted]

**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

FOR THE ENTIRE FACILITY & PEOPLE.
THE MOST WONDERFUL THANK YOU ALL
I WAS TAKEN CARE OF - THE VERY BEST

**What did you like least about your experience at the facility?**

NOTHING AT ALL

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

Date of Service: 12 - 10 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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[redacted] [redacted]

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[redacted]

**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

professional staff . . .
Doctor - friendly & thorough "oops"
totally sedated took away
anxiety of procedure

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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[redacted] [redacted]

Sig S sedation
E/PBL

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

Date of Service: 12-07-12

Primary Payor ID:

Physician ID:

Patient Account #:

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[redacted] [redacted]

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[redacted]

**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

The Staff

**What did you like least about your experience at the facility?**

N/A

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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[redacted] [redacted]

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ■ | ☐ |
| 10. Did you receive discharge instructions? | ■ | ☐ |
| 11. Were the instructions clear? | ■ | ☐ |

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Date of Service: 12-10-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

I felt totally at ease by the professionalism of the staff. Everyone was so kind, and that means a lot.

What did you like least about your experience at the facility?

There was nothing I didn't like.

Any other comments?

Thank you for making the procedure a pleasant one!

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service ☐☐ - ☐☐ - ☐☐

Primary Payor ID ☐☐☐☐☐☐☐☐

Physician ID ☐☐☐☐☐☐☐☐

0264☐☐☐☐

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Patient Account # ☐☐☐☐☐☐☐☐

Do not write or mark in this box.

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Everyone at the facility was helpful, courteous + professional. This was greatly appreciated

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

Date of Service: 12-28-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Everyone is so friendly & everything is in relevant order.

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service: 12-28-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Staff was friendly, organized and efficient

**What did you like least about your experience at the facility?**

Getting a tube down my throat

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition:** 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

**Date of Service** 12-10-12

**Primary Payor ID**

**Physician ID**

**Patient Account #**

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

The availability of early morning procedures.

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

**Date of Service**

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**Primary Payor ID**

**Physician ID**

**Patient Account #**

0 2 6 4

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 12-03-12

Primary Payor ID:

Physician ID:

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Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

Friendly
Clean
Helpful

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition:** 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

**FACILITY USE ONLY**

Date of Service ☐☐ - ☐☐ - ☐☐

Primary Payor ID ☐☐☐☐☐☐☐☐

Physician ID ☐☐☐☐☐☐☐☐

Patient Account # ☐☐☐☐☐☐☐☐

0264☐☐☐☐

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

Very easy - Nice nap time.

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

**What did you like least about your experience at the facility?**

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ■ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ■ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ■ | ☐ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ■ | ☐ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

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Date of Service: 12 - 21 - 12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

**What did you like least about your experience at the facility?**

finding a Vein for IV

**Any other comments?**

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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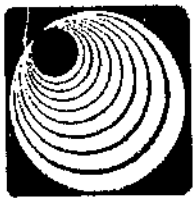

# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable**

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 12-28-12

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Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| 8. Overall experience at the facility | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☒ | ☐ |
| 10. Did you receive discharge instructions? | ☒ | ☐ |
| 11. Were the instructions clear? | ☒ | ☐ |

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Date of Service: 12-28-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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**Please mark the box that best describes the quality of your experience at this facility.**

**Scale Definition:** 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

| | 1 | 2 | 3 | 4 | 5 | N |
|---|---|---|---|---|---|---|
| 1. Reception and registration process | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Care provided by the nursing staff before your procedure | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ |
| 3. Care provided by the nursing staff during your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 4. Care provided by the nursing staff after your procedure | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 5. Protection of your privacy | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ |
| 6. Cleanliness and appearance of the facility | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 7. Your overall confidence in the care provided to you by the staff | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ |
| 8. Overall experience at the facility | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ |

**Please mark the box to indicate YES or NO to the following questions.**

| | Y | N |
|---|---|---|
| 9. Would you recommend the facility to family members or friends? | ☑ | ☐ |
| 10. Did you receive discharge instructions? | ☑ | ☐ |
| 11. Were the instructions clear? | ☑ | ☐ |

**FACILITY USE ONLY**

Date of Service: 12-28-12

Primary Payor ID:

Physician ID:

Patient Account #:

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**Please submit your written responses to the following questions in the boxes provided below.**

**What did you like best about your experience at the facility?**

The warmth of the post procedure nurses.

~~Food~~

Clear result

**What did you like least about your experience at the facility?**

The lack of communication to the spouse about the length of the procedure. The cold, bordering on rude, behaviour of the check-in nurse w/ dark hair.

**Any other comments?**

Please put applicable phone no. on patients' wrist. (The patient's phone # was listed on his wrist - this is prudent.)

**Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.**

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