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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

06-25-15

0264

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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?

Loved the nursing staff. Very personable and caring. Always welcoming and professional.

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

I thought/expected to be asleep and unaware during procedure. However, I knew a moment of panic when I felt the tube go down my throat & was aware of it during procedure.

Any other comments?

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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

0	8	-	0	3	-	1	5

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?

Expertise of all nurses & Dr Jensen,

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

The prep,
Experience at the facility was all good

Any other comments?

I don't really understand why the recommendation is to come back in 1 year as opposed to 5.

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

	Y	N
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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?

every Body Treated me like I was a close relative, Love them all

Thank you!

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

Nothing

Any other comments?

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

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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?

Friendliness & Dung told exactly what was found during procedure

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

My daughter brought me & was put in the Waiting room while I was prepped & waited to go in for procedure. I would have liked her to be able to stay with me during this time Waiting time would have gone much faster.

Any other comments?

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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 08-06-15

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. Clean facility, friendly, courteous, professional.

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

None.

Any other comments?

Everyone was extremely professional, kind, & caring. Thanks for the day off.

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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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

0 8 - 1 0 - 1 5

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?

Very professional. Received great care with good bedside manner from all.

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

Nothing.

Any other comments?

Thank you to Dr. Jensen & his incredible staff. Now my wife will leave me alone for the next 10 years. ☺

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	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

0 8 - 0 6 - 1 5

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?

Everything about my experience at the facility was outstanding.

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

There was nothing about my experience that I did not like.

Any other comments?

I appreciate that the doctor explained to me and my daughter the outcome of the procedure.

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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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 - 11 - 15

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Primary Payor ID

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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 - LIGHTHEARTED STAFF!
I enjoy The humor during the process!
I LIKE DR JENSEN AS MY DR. AND A PERSON!
GREAT FOLLOW UP day AFTER procedures.

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

N/A

Any other comments?

See you next year!

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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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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08 - 12 - 19

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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 great people and the WARM blanket + socks

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

~

Any other comments?

None

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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?

Professional - Caring - Friendly -.
Thank you to everyone involved in the procedure - Appreciated the information as each Step came up -

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

no complaints -

Any other comments?

Thank you Dr Jensen for all you've done for me over the years.

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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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?

Good experience for my first time.

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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
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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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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?

Outstanding

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

Any other comments?

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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?	☒	☐

Nice to have follow up phone call too! :)

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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?

Ability of staff to be so kind, caring and able to laugh + joke.

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

Nothing

Any other comments?

As mentioned on reverse side - nice to have the follow up call.
Thank you.

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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?

Friendlyness & proffessionalism of the staf. The knew what they were doing & were very efficient about it.

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

Lack of Food for 24 hrs.

Any other comments?

Gladly recommend this Dr & staf to anyone planning on this procedure.

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5. Protection of your privacy	☐	☐	☐	☐	☑	☐
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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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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?

Everyone was very friendly, polite and professional. I did not feel rushed and felt confident in their ability. Really great staff!

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

none

Any other comments?

As a CMA to a doctor in Boulder, I will recommend this facility to all our patients. I even brought cards to give to patients.

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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?

Friendly staff, clean facility, clear instructions no waiting

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

Just needing to be there

Any other comments?

Thanks for you 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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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?

Timeliness - was in procedure room at scheduled appointment time. Friendly, helpful, informative nursing staff. Dr. Jensen described procedure and results, as well as follow up advice

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

Nothing

Any other comments?

Felt very comfortable & well taken care of throughout the entire procedure, including pre & post periods.

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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?

Things went smoothly + on time.

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

(The outcome - a cancerous polyp)

Any other comments?

Thanks to everyone for the great care.

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	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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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 people...
From Dr. Jansen to nurses – all very nice & professional people.

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

Suprep...

("kidding")

Any other comments?

Just honest "THANK YOU"!

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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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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'm not to see doctor for 1 year - I question whether I should remain on the Dexilant for a full year. Maybe I should go off or change to something else. ? ? ? . . .

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Physician ID:

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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 efficient on operation on time.

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

No sure of follow up that I should have. Was not really able to think to ask proper questions as I was leaving.

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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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?	☒	☐

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Date of Service: 08-26-15

Primary Payor ID:

Physician ID:

Patient Account #:

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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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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 nursing / prep staff treated me with dignity & respect. I could hear that other patients had the same care. My questions were answered. I felt like I was 'seen'. The staff are a cohesive group, efficient but not 'rushed' pleasant

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

Having to wait! Normally this would not bother me and I wasn't in a rush but I felt woozy & anxious to get on with it - on lie down.
Having said that.
It was explained that previous procedures took longer than expected, which was totally acceptable

Any other comments?

Thank you for your care & kindness

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3. Care provided by the nursing staff during your procedure	☐	☐	☐	☐	☑	☐
4. Care provided by the nursing staff after your procedure	☐	☐	☐	☐	☑	☐
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6. Cleanliness and appearance of the facility	☐	☐	☐	☐	☑	☐
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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?

STAFF WAS WARM, FRIENDLY, AND PROFESSIONAL. DIRECTIONS FOR PREP AND POST OP WERE THOROUGH AND CLEAR.

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

Any other comments?

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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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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?

the first time I received from every one.

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

Nothing

Any other comments?

This was my second procedure in a month & every one was the best. I would recommend you to every one. & any one Thank You

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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?

Very polite & friendly staff

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

Any other comments?

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	1	2	3	4	5	N
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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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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?

Every one at the facility is very Nice

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

Any other comments?

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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?

overall Treatment, Pro. personnel!

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

Cool after treatment!

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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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 who gave me the IV was very fun and up-beat. I didn't feel nervous.

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

Hah! The procedure in general. I never like being poked.

Any other comments?

Very satisfied.

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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

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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 attitude of all the nurses

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

I had a couple more questions for Dr. Jensen but no time to ask.

Any other comments?

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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?

Nurses and doctors were friendly and knowledgable. Brisk and prepared.

Boy, I murdered that one. :)

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

Nothing

Any other comments?

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8. Overall experience at the facility	☐	☐	☐	☒	☒	☐

(4.5)

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?

- Going in & coming out of anesthesia so quickly & minimal side effects.
- The staff being so genuinely concerned & sharp & a personable attitude!

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

- Having to be stuck 4 times for IV. pre-op by 2 different RN's! Very unfortunate for me! And unsightly as well as painful - two bruised sites very badly!
- Being told about my ulcerative esophagitus still bad! Hope the steroids help today!

Any other comments?

Congratulations on your Accreditation!

KB

~~Throwing~~ Regurgitating my stomach contents again within 8 hrs. of end of procedure after eating a GERD/soft diet. Held back my Vit. C + KCl & directed D/T acidity contents. Took Protonix 45 mins. prior to eating; then had to take Zantac 6 hrs. p eating then Multi-Symptom Rolaids as PYI.

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 06 - 25 - 15

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?

Have been having loose stools since having the Procedure. Have been taking 4-6 Anti-Diarreal tablets daily. Same thing happened the first time I had the procedure done. I finally had to take an Antibiotic to get regular.

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	1	2	3	4	5	N
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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?	☒	☐

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Physician ID

Patient Account #

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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? Not to me (under sedation) Yes to wife	☐	☒

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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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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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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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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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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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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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3. Care provided by the nursing staff during your procedure	☐	☐	☐	☐	☒	☐
4. Care provided by the nursing staff after your procedure	☐	☐	☐	☐	☒	☐
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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 ☐☐ - ☐☐ - ☐☐

Primary Payor ID ☐☐☐☐☐☐☐☐

Physician ID ☐☐☐☐☐☐☐☐

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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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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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