

Gastroenterology Practice Associates.  
**PATIENT SATISFACTION SURVEY**

All responses will be kept confidential and anonymous. Thank you for your time.

Please circle how well you think we are doing in the following areas:	GREAT 5	OK 3	POOR 1		
	5	4	3	2	1
<b>Office:</b>					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and safety while waiting	5	4	3	2	1
<b>Staff: Provider (Physician)</b>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
<b>Nurses, Medical Assistants and other staff</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b>Confidentiality:</b>					
Keeping my personal information private	5	4	3	2	1

What do you like best about our practice? \_\_\_\_\_

Would you recommend our practice?  Yes  No

Thank you for completing our Survey!

Feel free to mail, fax, or hand carry the results of your survey to our office.

Mail:

Gastroenterology Practice Associates  
 515 West Mayfield Road, Suite 250  
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Fax:

(817) 468-7201