

**Digestive Disease Associates, Inc.  
Patient Viewpoint Survey**

**We ask that you take a few minutes to complete this survey regarding your visit to our office today.**

<b>Please let us know how you would rate the Questions below:</b>	Excellent	Very Good	Good	Fair	Poor
1. Length of time you waited to get an appointment?					
2. Courtesy and sensitivity of the person on the phone?					
3. Respect and friendliness of the person at the front desk?					
4. Length of time you waited in the reception area?					
5. Courtesy and friendliness of the person who took you to a room?					
6. Length of time the healthcare provider spent with You?					
7. Was there enough time to have all your questions answered?					
8. Were the dosages, side effects and reasons for Medications and /or treatments explained to you?					
9. Please rate your understanding of:					
a. Your main problem?					
b. The importance of what you need to do?					
c. How and who to contact if you have a question?					
10. How do you rate our automated telephone Appointment reminder system.					
11. How would you rate your overall satisfaction with your visit today?					

**How can our practice improve the care and services for you?**

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**Thank you!**