



**DIGESTIVE HEALTH
ASSOCIATES
of Cheyenne**

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
A. Your Appointment:						
1. Ease of making an appointment	5	4	3	2	1	N/A
2. The Ease of the Check in Process	5	4	3	2	1	N/A
3. Waiting Time in reception area	5	4	3	2	1	N/A
B. Our Staff:						
1. Friendliness of the Front Desk Staff	5	4	3	2	1	N/A
2. Caring/Concern of medical staff (Nurse, MA)	5	4	3	2	1	N/A
3. Ease of Scheduling a procedure	5	4	3	2	1	N/A
4. Clear Explanation of the procedure	5	4	3	2	1	N/A
5. Helpfulness of the Insurance Staff	5	4	3	2	1	N/A
C. Our Communication with you:						
1. Your phone calls are answered promptly	5	4	3	2	1	N/A
2. Your test results were reported in a timely manner	5	4	3	2	1	N/A
3. Your ease in obtaining prescription refills	5	4	3	2	1	N/A
D. Your Visit with the Provider:						
1. Waiting time in the exam room	5	4	3	2	1	N/A
2. Takes time to answer your questions	5	4	3	2	1	N/A
3. Explains things in a way you understand	5	4	3	2	1	N/A
4. Instructions regarding medication/follow up care	5	4	3	2	1	N/A
5. The thoroughness of the Exam	5	4	3	2	1	N/A

What Provider did you see today: _____ Today's Date _____

Additional Comments:
