

Digestive Disorders Associates

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Welcome to our Practice!

We hope your experience with Digestive
Disorders Associate will be a positive one!

We would appreciate you taking a moment
to tell us about it by completing this simple
Patient Survey.

Patient Satisfaction Survey

Please circle the answer that best describe your experience.

Was it easy for you to get an appointment with our office?

YES

NO

Who assisted you with scheduling your appointment?

Did they provide you with the help you need regarding directions to
our office, insurance questions, etc.?

YES

NO

The front office staff treated me courteously?

YES

NO

The check-in process was a pleasant experience?

YES

NO

I was treated with respect and dignity by the Medical Assistant?

YES

NO

Who was your Medical Assistant?

My physician spent adequate time with me?

YES

NO

My physician was sensitive to my needs and listened to what I said?

YES

NO

My physician clearly communicated the diagnosis and plan?

YES

NO

Overall, I'm satisfied with the care I received from my provider.

YES

NO

Who was your physician?

Please share one thing you'd have us change to improve your experience

Please share the best thing about your visit

Please name any staff member who was especially helpful