OUTPATIENT DEPARTMENT

Dear Patient:

It is the goal of Great Falls Clinic Medical Center to provide superior customer service. We would appreciate a few minutes of your time to fill out this brief questionnaire so that we may identify areas for improvement. You should not sign the questionnaire, and your responses will not be linked to you in any way. Thank you for your assistance.

Based on your experiences at Great Falls Clinic Medical Center, how satisfied are you with the following aspects of your care?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Not Applicable
How satisfied are you with the amount of time you spent waiting for your procedure?						
Are you satisfied that the nurse asked about your pain regularly?						
How satisfied are you that your pain was relieved by the nursing staff?						
Are you satisfied with the preparation for your discharge?						
How satisfied were you overall with the care you received at Great Falls Clinic Medical Center?						
Are you satisfied with how well your procedures were explained?						
	Certainly Not	Probably Not	Neutral	Probably Will	Certainly Will	Not Applicable
Based just on this experience, how likely are you to continue to seek care at Great Falls Clinic Medical Center?						
Based on this experience, how likely is it that you will refer others to Great Falls Clinic Medical Center?						
	Worse	What I Expected	Better	Much Better	Not Applicable	
How did your overall experience at Great Falls Clinic Medical Center compare with what you expected?						
How did it compare with the service you have received from other regional hospitals?						

Is there anything else about today's visit you think we should know to help improve service?

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