

**WE'D LIKE TO KNOW HOW YOU FEEL** about your visit to our infusion center. Your answers and any comments or suggestions you make will help us evaluate our service. Prior to your last day of service please place your completed questionnaire in the questionnaire box located just outside the infusion area. All of your answers will remain confidential.

<b>Check In/Check Out</b>	<b>Yes</b>	<b>No</b>
Were you treated in a courteous manner?	<input type="checkbox"/>	<input type="checkbox"/>
Was your insurance coverage and co-payment information reviewed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>
Was the office staff helpful in answering your billing related questions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you provided with information on how to contact the infusion clinic?	<input type="checkbox"/>	<input type="checkbox"/>
Were your telephone calls to the office transferred to the appropriate person?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Environment</b>	<b>Yes</b>	<b>No</b>
Were room accommodations adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Was the room temperature comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
Was the environment clean?	<input type="checkbox"/>	<input type="checkbox"/>
Was personal privacy respected?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Nursing Care</b>	<b>Yes</b>	<b>No</b>
Were the nurses respectful of your concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Were procedures or tests adequately explained?	<input type="checkbox"/>	<input type="checkbox"/>
Were nursing personnel responsive to your requests?	<input type="checkbox"/>	<input type="checkbox"/>
Were telephone calls to the nursing staff addressed to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>
Did nursing personnel adequately explain home care instructions to you?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give us the names of any employees who deserve special recognition for exceptional services: \_\_\_\_\_  
\_\_\_\_\_

Additional comments or suggestions that you feel would improve our services: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_