



This survey is for patients registering between **7/19/10 - 8/16/10** only.

1. **Date of Visit --- (MM/DD/YY)** .....

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2. **What day of the week was your most recent visit?**

- Monday       Tuesday       Wednesday       Thursday       Friday  
 Saturday       Sunday

3. **At what time of day was your most recent visit?**

- 6:00 a.m. - 8:00 a.m.       8:01 a.m. - 10:00 a.m.       10:01 a.m. - 12:00 p.m.  
 12:01 p.m. - 2:00 p.m.       2:01 p.m. - 4:00 p.m.       4:01 p.m. - 6:00 p.m.  
 6:01 p.m. - 8:00 p.m.

4. **Which of the following locations did you visit?**

- Main Hospital       Laboratory       Emergency Department       Prof. Medical Bldg. - Lab

5. **How long did you wait prior to being registered by one of our Registration Specialists?**

- No Waiting       5 minutes or less       5 - 10 minutes       10 - 15 minutes  
 15 - 20 minutes       20 or more minutes

6. **Were you asked to present your photo ID and insurance cards?**

- Yes       No

7. **Did you feel as though your privacy was protected?**

- Yes       No

8. **At the end of your registration did the Specialist provide you with directions to your treatment area?**

- Yes       No

**How would you rate the following:**

9. **Helpfulness of the person at the registration desk?**

- Very Poor       Poor       Fair       Good       Very Good       Excellent

10. **Ease of registration process**

- Very Poor       Poor       Fair       Good       Very Good       Excellent

11. **Waiting time in registration**

- Very Poor       Poor       Fair       Good       Very Good       Excellent

**Comments: Please let us know about your experience -- good or bad -- on the back of this form.**

