

McLaren Bariatric & Metabolic Institute Survey

Dear Patient:

Thank you for using our Bariatric Institute. In order to provide the best possible care to our patients, we would like to know what we are doing well and what needs improvement so we can better serve you in the future. Please take a moment to fill out the following questionnaire and return it to us in the enclosed postage paid envelope. Your responses will help make a difference.

Please answer ALL survey questions on both sides of this 2 page questionnaire by checking (X) the appropriate box. If a question does not apply to you, please skip to the next question.

OVERALL ASSESSMENT OF CARE AND SERVICES

- | | | | | | |
|---|--|--|--|---|--|
| 1. Overall, how would you rate the care you received at McLaren Bariatric & Metabolic Institute? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 2. Would you recommend our services to others? | Definitely Would
<input type="checkbox"/> | Probably Would
<input type="checkbox"/> | Don't Know
<input type="checkbox"/> | Probably Would Not
<input type="checkbox"/> | Definitely Would Not
<input type="checkbox"/> |
| 3. When you were first referred to the Bariatric & Metabolic Institute, how long did you have to wait for your first appointment? | Within 1 to 3 days
<input type="checkbox"/> | Less than 1 week
<input type="checkbox"/> | One to two weeks
<input type="checkbox"/> | Longer than 2 weeks
<input type="checkbox"/> | |

COURTESY AND HELPFULNESS OF NON-MEDICAL STAFF

How would you rate. . . .

- | | | | | | |
|--|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| 1. The courtesy and professionalism of the front desk receptionist who greeted you when you arrived? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 2. The courtesy and professionalism of all other non-medical staff members (i.e. billing representative) | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 3. Your confidence in their abilities to perform their jobs? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |

McLAREN BARIATRIC & METABOLIC INSTITUTE

How would you rate. . . .

- | | | | | | |
|---|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| 1. The cleanliness and attractiveness of McLaren Bariatric & Metabolic Institute? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 2. The overall comfort at McLaren Bariatric & Metabolic Institute? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 3. Your safety and comfort in the hospital environment? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |

McLAREN FLINT (HOSPITAL)

How would you rate. . . .

- | | | | | | |
|---|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| 1. The cleanliness and attractiveness of McLaren Flint? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 2. The overall comfort of your room at McLaren Flint? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 3. Care delivered by hospital staff? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 4. Timeliness of care received by hospital staff? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |

List any issues related to hospital setting: _____
_____.

TREATMENT BY PROFESSIONALS (McLaren Bariatric Institute)

How would you rate. . . .

- | | | | | | |
|---|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| 1. The overall waiting time to see a professional once you arrived at McLaren Bariatric & Metabolic Institute for your scheduled appointment? | Very Good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> | Very Poor
<input type="checkbox"/> |
| 2. The overall value of the pre-surgical sessions ran by the following professionals? | Very Good | Good | Fair | Poor | Very Poor |
| a. Dietitian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Psychologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Nurse Practitioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How would you rate the overall professionalism displayed in all aspects of their job by the following professionals

SURGEON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOLOGIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIETITIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate the kindness and understanding of your needs by the following professionals

SURGEON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOLOGIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIETITIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate the quality of information and education provided to you regarding your treatment or condition by the following professionals

SURGEON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOLOGIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIETITIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate the overall amount of time spend with you, listening to you and answering your questions by the following professionals

SURGEON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOLOGIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIETITIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

Patient sex: Male Female

Patient age: _____

COMMENTS: Please tell us what you liked or disliked about the services you received from the Bariatric & Metabolic Institute or provide us with any suggestions how we can improve our program.

Thank you for your time. Please return this survey in the enclosed postage paid envelope.