

Colonoscopy Patient Feedback Form

Patient Name

Date of Procedure

Email (optional)

How would you rate the bowel preparation instructions you received?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

How comfortable were you during the procedure?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

How would you rate the friendliness and professionalism of our staff?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Were your questions and concerns addressed adequately?

Additional Comments or Suggestions