FOR OFFICE USE ONLY \_\_\_\_ PA \_\_\_\_ AW \_\_\_\_ SM



ewbc.com *select:* Resources, *select:* Patient Satisfaction Survey



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| --- | --- | --- | --- | --- | --- |
|  | ***Excellent*** | ***good*** | ***fair*** | ***poor*** | ***not applicable*** |
| **Please circle** |  |  |  |  |  |
| ***Was the EWBC staff friendly, knowledgeable & helpful?*** |  |  |  |  |  |
| *Front desk/reception* | *4* | *3* | *2* | *1* | *NA* |
| *Technologist (performed mammogram)* | *4* | *3* | *2* | *1* | *NA* |
| *Medical Assistant ( gave results)* | *4* | *3* | *2* | *1* | *NA* |
| *Sonographer (performed ultrasound)* | *4* | *3* | *2* | *1* | *NA* |
| *Were you able to make an appointment quickly and easily?* | *4* | *3* | *2* | *1* | *NA* |
| *Were you greeted with a smile?* | *4* | *3* | *2* | *1* | *NA* |
| *Upon arrival, was the registration quick & efficient?* | *4* | *3* | *2* | *1* | *NA* |
| *How thoroughly was your procedure explained to you?* | *4* | *3* | *2* | *1* | *NA* |
| *Do you feel your exam was performed professionally?* | *4* | *3* | *2* | *1* | *NA* |
| *If you met with a physician, was she/he polite & informative?* | *4* | *3* | *2* | *1* | *NA* |
| *How would you rate the comfort and cleanliness of our facility?* | *4* | *3* | *2* | *1* | *NA* |
| *Overall, how would you rate the quality of care you received?* | *4* | *3* | *2* | *1* | *NA* |
| *ow would you rate your total visit time?* | *4* | *3* | *2* | *1* | *NA* |

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*8/22/16*