

RADIOLOGY PATIENT QUESTIONNAIRE

Expert Breast Imaging wants to give you the best possible care. You can help us by telling us about your experience with us today. Please take a few minutes now and answer these questions. Thank you for helping us to improve our care for all patients. When you finish, please leave the survey with the staff at the reception desk or complete it online and email it to the address below.

Today's date _____ Circle Exam Type: Mammography Breast Ultrasound. Biopsy

Please circle one answer or add an "x" to indicate your choice in each question. We value your time.

- 1) If you had a scheduled appointment today, were you seen on time? Yes No N/A
- 2) If you answered no, how long did you wait beyond your appointment time?
10min 20min 30min over 30min
- 3) How well were you kept informed about delays?
Very Good Good Fair Poor

We are concerned about your care and comfort.

- 4) Were you treated with courtesy and respect by the receptionist?
Very Good Good Fair Poor
- 5) Were you treated with courtesy and respect by the technologist?
Very Good Good Fair Poor
- 6) How well did your technologist show concern for your comfort?
Very Good Good Fair Poor
- 7) If you were seen by a radiologist, how well did he/she show concern for your comfort?
Very Good Good Fair Poor
- 8) How well did we explain your test and answer your questions?
Very Good Good Fair Poor
- 9) Overall, how would you rate your overall experience with us today?
Very Good Good Fair Poor

We want to hear from you.

- 10) Did any one person stand out as being most helpful? If yes, what is their name: _____
- 11) Do you have any comments (or recommendations) about your visit today? _____
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Please email your responses to expertbreastimaging@gmail.com Or send by US Mail to: Expert Breast Imaging LLC 322 Stephenson Ave, STE B, Savannah, GA 31405