

## Patient Satisfaction Survey - Bowel Screening

We are committed to providing the best imaging service possible. We value your feedback and perspective. Thank you for taking the time to make your comments available to us and for allowing us to serve you.

PLEASE CHECK 1 SCORE PER CATEGORY

		EXCELLENT	GOOD	AVERAGE	POOR
APPOINTMENT SCHEDULING	Convenience	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Professionalism	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Met your needs	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FRONT DESK PERSONNEL	Promptness	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Friendliness	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Professionalism	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Knowledge	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Employee Name: Facility:			Date:	
TECHNOLOGIST	Promptness	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Friendliness	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Professionalism	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Knowledge	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Employee Name:				
FACILITY	Cleanliness	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Comfort	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Location/Access	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

How did you hear about us?

- Family/Friend referral
  Advertising  
 Reputation
  Other:

Comments:

Name (Optional):

Would you like to be contacted to discuss your comments?

If so, please provide your phone number

Please leave your comment card in the suggestion box located in the main waiting room.  
Thank you.