

* 1. Appointment date

DATE

Date

* 2. Appointment time

* 3. Were you able to schedule the bone densitometry (DEXA) appointment quickly and easily?'

YES NO

* 4. Which office did you visit?

Brighton, Sawgrass Drive Carthage Geneseo Greece Victor

* 5. What is your age?

18 to 30 31 to 40 41 to 50 51 to 60 61 to 70 71 to 80 81 and over

* 6. Satisfaction with the reception and check-in process

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
Upon arrival, the staff was friendly and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The check-in process went smoothly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 7. Satisfaction with your bone densitometry exam (DEXA)

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
DEXA exam preparation instructions were easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEXA technologist was friendly and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEXA exam was explained clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEXA technologist spent enough time with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. Time spent in the office?

	Excellent	Good	Fair	Poor
How would you rate your total visit time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 9. Facility

	Excellent	Good	Fair	Poor
Rate the comfort and cleanliness of our facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 10. Would you recommend EWBC?

YES NO Not sure

* 11. Quality of Care

	Excellent	Good	Fair	Poor
How would rate your overall experience with EWBC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What do you like BEST about Elizabeth Wende Breast Care?

13. Please share how we can better provide service

**If you would like to speak to
a patient advocate
regarding your visit,
please call
585-442-2190 EXT 207
OR online at ewbc.com/contact-us**