



* 1. APPOINTMENT

Date

Date

* 2. Appointment Time

* 3. Were you able to schedule your appointment quickly and easily?'

- YES NO

* 4. Which office did you visit?

- Brighton, Sawgrass Drive Carthage Greece Victor Batavia

* 5. Is this your FIRST appointment with EWBC at any of our locations?

- NO
 YES

* 6. 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

* 7. 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"/>
Check-in process was efficient and quick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. Did you have a mammogram?

- Yes
 No

* 9. Satisfaction with your mammogram

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
Technologist was friendly and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram procedure was explained clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technologist spent enough time with you during your exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Did you have an ultrasound

- Yes
 No

* 11. Satisfaction with your ultrasound (sonogram)

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
Sonographer or physician was friendly and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound procedure was explained clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enough time was spent with you during your ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Did you have a biopsy?

- Yes
 No

* 13. Satisfaction with your biopsy

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
Physician and technologist were friendly and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biopsy procedure was explained clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were well cared for during your biopsy procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. About the Medical Assistant (assisted the physician)

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	N/A
Medical assistant was friendly and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How would you rate your overall visit time?

Excellent	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 16. 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"/>

* 17. 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"/>

* 18. Would you recommend EWBC?

YES NO Not sure

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

20. 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**