

\* 1. Date of your appointment

Date

 

\* 2. Scheduled time of your appointment:

Date / Time

Time AM/PM

hh	mm	-
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\* 3. What is your age?

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

**EASE OF GETTING CARE:**

**EASE OF GETTING CARE:**

\* 4. Ability to schedule an appointment

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

\* 5. Ease of scheduling appointment

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

## RECEPTION:

LET US KNOW ABOUT OUR RECEPTION

\* 6. Friendly greeting

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

\* 7. Ease of check in

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

\* 8. My personal information was kept private

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

## WAITING:

TIME SPENT WAITING

\* 9. Time waiting on phone to be scheduled for an appointment

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

\* 10. Time waiting for your procedure to be performed

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

## TECHNOLOGIST:

ABOUT OUR TECHNOLOGIST

\* 11. Friendly

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

\* 12. Explained procedure thoroughly

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

\* 13. Escorted you back to the waiting room

- YES
- NO

Nurse:

ABOUT OUR NURSE

\* 14. Friendly and helpful

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

15. Listened to your concerns

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

FACILITY:

\* 16. Building was neat and clean

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

\* 17. Ease of finding location / directions easy to understand

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

REFERRAL:

\* 18. Likelihood of referring friends and relatives to EWBC

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

\* 19. Is this is your first visit with EWBC?

- Yes
- No

\* 20. Do you plan to schedule future appointments with us?

- Yes
- No

PLEASE GIVE US FEEDBACK

21. What do you like BEST about our office?

22. What do you like LEAST about our office?

SUGGESTIONS FOR EWBC

23. Please list any suggestions you believe will help EWBC improve our patient service:

Thank you for taking the time to fill out this survey. If you would like to speak to an EWBC patient advocate about this survey or our office, please call 585-442-2190, ext. 207.