

* 1. Appointment Date

Date / Time

Date

* 2. Appointment Time

* 3. How did you schedule your appointment?

- Auto scheduled I called the office On the EWBC portal Form on website EWBC APP
 Scheduled by my doctor

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

- YES NO

* 5. Which office did you visit?

- Brighton, Sawgrass Drive Batavia Carthage Geneseo Greece Victor
 Webster

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

- NO
 YES

* 8. What prompted you to make your appointment today?

- Referring physician
- Family, friend or coworker
- Searched online for a mammography center
- Online ad
- Facebook or Instagram post
- Brochure, flyer or postcard in mail
- Newspaper, TV or radio ad
- TV news story
- Reputation, well known in area
- Passed by an EWBC office
- Insurance search
- Health fair or an event
- Other (please specify)

* 9. Satisfaction with 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 quick and efficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 10. Did you have a mammogram?

- Yes
- No

* 11. 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"/>

12. Did you have an ultrasound

- Yes
 No

* 13. Satisfaction with your ultrasound (sonogram)

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
Sonographer 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"/>
Sonographer spent enough time with you during your ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. 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"/>

* 15. How did you receive your results?

- Text
 Email
 In person
 US mail

* 16. In the future, how would you like to receive your results?

- Text
- Email
- Wait in office
- US mail

* 17. 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"/>

* 18. 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"/>

* 19. Would you recommend EWBC?

- YES
- NO
- Not sure

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

21. Please share how we can better provide service

**If you would like to speak to a
PATIENT ADVOCATE
regarding your appointment,
please call 585-758-7083 OR
online at ewbc.com/contact-us**