Elizabeth Wende Breast Care
Breast Imaging Excellence

PATIENT SATISFACTION Survey-DX

* 1. APPOINTMENT

Date

Date

MM/DD/YYYY

* 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
- Watertown
- 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	Unsatified	Very unsatisfied
Upon arrival, the staff was friendly and professional					
Check-in process was efficient and quick					

* 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	○	○	○	○	○
Mammogram procedure was explained clearly	○	○	○	○	○
Technologist spent enough time with you during your exam	○	○	○	○	○

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	○	○	○	○	○
Ultrasound procedure was explained clearly	○	○	○	○	○
Enough time was spent with you during your ultrasound	○	○	○	○	○

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	◯	◯	◯	◯	◯
Biopsy procedure was explained clearly	◯	◯	◯	◯	◯
You were well cared for during your biopsy procedure	◯	◯	◯	◯	◯

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

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	N/A
Medical assistant was friendly and professional	◯	◯	◯	◯	◯	◯

15. How would you rate your overall visit time?

Excellent	Good	Fair	Poor
◯	◯	◯	◯

* 16. Facility

	Excellent	Good	Fair	Poor
Rate the comfort and cleanliness of our facility	◯	◯	◯	◯

* 17. Quality of Care

	Excellent	Good	Fair	Poor
How would rate your overall experience with EWBC	◯	◯	◯	◯

* 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