Elizabeth Wende Breast Care
Breast Imaging Excellence

PATIENT SATIFACTION SURVEY-SCR

* 1. Appointment Date

Date / Time

Date

MM/DD/YYYY

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

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

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

* 14. Time spent in the office?

	Excellent	Good	Fair	Poor
How would you rate your total visit time?	○	○	○	○

* 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	◯	◯	◯	◯

* 18. Quality of Care

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

* 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 585-442-2190 EXT 207
OR online at ewbc.com/contact-us