

**RADIOLOGY PATIENT QUESTIONNAIRE**

The Radiology Services at Cambridge Health Alliance want to give you the best possible care. You can help us by telling us about your experience with us today. Please take a few minutes now and answer these questions. Thank you for helping us to improve our care for all patients. **When you finish, please leave the survey with the staff at the reception desk or complete it online and email it to the address below.**

**Place of Exam:** \_\_\_ CHA Cambridge Hospital \_\_\_ CHA Somerville Hospital \_\_\_ CHA Everett Hospital  
**Today's date** \_\_\_\_\_ **Circle Exam Type:** MRI US CT Mammo X-ray Nuclear Medicine

**Please circle one answer or add an "x" to indicate your choice in each question.**

**We value your time.**

- 1) If you had a scheduled appointment today were you seen on time?    Yes    No    N/A
- 2) If you answered no, how long did you wait beyond your appointment time?  
                   10min            20min            30min            over 30min
- 3) How well were you kept informed about delays?  
                   Very Good            Good            Fair            Poor  
                   1                            2                            3                            4

**We are concerned about your care and comfort.**

- 4) Were you treated with courtesy and respect by the receptionist?  
                   Very Good            Good            Fair            Poor  
                   1                            2                            3                            4
- 5) Were you treated with courtesy and respect by the technologist?  
                   Very Good            Good            Fair            Poor  
                   1                            2                            3                            4
- 6) How well did your technologist show concern for your comfort?  
                   Very Good            Good            Fair            Poor  
                   1                            2                            3                            4
- 7) If you were seen by a radiologist, how well did he/she show concern for your comfort?  
                   Very Good            Good            Fair            Poor  
                   1                            2                            3                            4
- 8) How well did we explain your test and answer your questions?  
                   Very Good            Good            Fair            Poor  
                   1                            2                            3                            4
- 9) Overall, how would you rate your overall experience with us today?  
                   Very Good            Good            Fair            Poor  
                   1                            2                            3                            4

**We want to hear from you.**

- 10) Did any one person stand out as being most helpful? If yes, what is their name: \_\_\_\_\_
- 11) Do you have any comments (or recommendations) about your visit today? \_\_\_\_\_  
 \_\_\_\_\_

Your name (if you want to tell us) \_\_\_\_\_