



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 improve our care for all patients.

Instructions: Think about this visit only. Mark only one answer to each question.
When you finish, please leave the survey with the staff at the reception desk.

Place of Exam: ___ Cambridge Hospital ___ Somerville Hospital ___ Whidden Memorial Hospital
Today's date _____ **Circle Exam Type:** MRI US CT Mammo X-ray Nuclear Medicine

Please circle one answer to each question

1. My test started on time: yes no

If you said no, circle how many minutes you had to wait

5 10 15 20 25 30 more than 30

2. I found this waiting time:

Better than I expected OK, not a problem Too Long
1 2 3

3. The waiting area was pleasant and clean:

I agree Good enough Should be better
1 2 3

4. Treatment by this person was:

Reception: Excellent Good enough Should be better Fair Poor
1 2 3 4 5

Technologist: Excellent Good enough Should be better Fair Poor
1 2 3 4 5

Doctor : Excellent Good enough Should be better Fair Poor
(Radiologist) 1 2 3 4 5

5. How well did people explain your test and answer your questions?

Excellent Good enough Should be better
1 2 3

6. Overall, how would you rate this visit to Radiology?

Excellent Good enough Should be better
1 2 3

Please write any other ideas or suggestions about how to make Radiology visits better.

Your name (if you want to tell us) _____

Your Doctor's name _____

Please email your responses to jvulliez@challiance.org
Or send by US Mail to: Cambridge Health Alliance Radiology Department
1493 Cambridge Street Cambridge, MA 02139 Attn: Julie Vulliez