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 you 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) ______________________

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