Institute for Breast Care

Outpatient Survey

Dear Patient:

Hackensack University Medical Center's mission is to provide you with high quality medical care in a friendly and compassionate environment.

Your impressions of your experience at our Institute for Breast Care at Hackensack University Medical Center will help us to identify those areas where improvements are necessary as well as those that meet the standards of quality you expect. Please take a few minutes to complete this survey and tell us how you rate our services. We would also appreciate comments about your experiences and suggestions for improvement. Please return the survey in the envelope provided. Thank you in advance for your help.

Directions: Please darken in the bubbles completely like this: ● ... Not like this: ✓ ✗

General Questions:

1. Was this your first visit to our Breast Center?

Yes O
No O

2. What time of day?

AM O
PM O

3. Patient's age:

__ __

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

4. Date of visit:

__ __ / __ __ / __ __ __ __

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
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7 7 7 7 7 7 7 7
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9 9 9 9 9 9 9 9

5. How were you referred to us?

O Newspaper Ad
O Radio Ad
O Magazine Ad
O Hackensack University Medical Center cable television or radio shows
O Other (please specify):

6. Telephone number (optional)

(_____) _____ - _____

7. Patient's name (optional):

A. Registration:

		VERY POOR	POOR	FAIR	GOOD	VERY GOOD
1.	Helpfulness of person you spoke with when you called for an appointment	1	2	3	4	5
2.	Ease of getting an appointment	1	2	3	4	5
3.	Ease of parking	1	2	3	4	5
4.	Courtesy of person at reception desk	1	2	3	4	5
5.	How well our billing procedures were explained	1	2	3	4	5
6.	Speed and efficiency of registration process	1	2	3	4	5
7.	Degree to which you were seen within a reasonable time of scheduled appointment	1	2	3	4	5

Comments or Suggestions (describe good or bad experience):

B. Nurses Rating:

		VERY POOR	POOR	FAIR	GOOD	VERY GOOD
1.	Professionalism	1	2	3	4	5
2.	Friendliness/Courtesy	1	2	3	4	5
3.	Sensitive to my needs	1	2	3	4	5
4.	Explanation of procedure	1	2	3	4	5
5.	Information given about follow up care and future appointments	1	2	3	4	5

B. Nurses Rating (Continued):

Comments or Suggestions (describe good or bad experience):

C. Technologist Rating:

		VERY POOR	POOR	FAIR	GOOD	VERY GOOD
1.	Professionalism	1	2	3	4	5
2.	Friendliness/Courtesy	1	2	3	4	5
3.	Sensitive to my needs and level of comfort during procedure	1	2	3	4	5
4.	Answered questions thoroughly	1	2	3	4	5
5.	Explanation of procedure	1	2	3	4	5

Comments or Suggestions (describe good or bad experience):

D. Overall Ratings:

		VERY POOR	POOR	FAIR	GOOD	VERY GOOD
1.	Staff concern for privacy	1	2	3	4	5
2.	Staff concern to introduce themselves	1	2	3	4	5
3.	Overall cheerfulness and décor of the Institute for Breast Care	1	2	3	4	5
4.	Overall cleanliness of area	1	2	3	4	5
5.	Ease of finding your way to and from the Institute for Breast Care	1	2	3	4	5
6.	Staff concern for your safety	1	2	3	4	5
7.	Satisfaction with the length of the testing and evaluation process	1	2	3	4	5
8.	Ease of scheduling follow up appointment, if necessary	1	2	3	4	5
9.	Degree to which you were satisfied with the timeliness of receiving your results	1	2	3	4	5
10.	Likelihood of returning for future breast care	1	2	3	4	5
11.	Likelihood of recommending our Institute for Breast Care services to others	1	2	3	4	5
12.	Overall rating of care provided	1	2	3	4	5

Name(s) of any staff member(s) that impressed you during your visit:

If you could change one thing about our Institute for Breast Care, what would that be?