

Our records indicate that you recently had a radiological exam at Columbia-Presbyterian Eastside Radiology. As part of our ongoing effort to provide the highest possible level of medical services, we ask for a few minutes of your time to complete this *postage-free survey*. Thank you for your participation.

1. Who called to make your appointment? Myself My physician's office Other _____
2. Which type of exam did you have? MRI CT Mammography X-Ray Ultrasound Other _____
3. The decision to use our Center was made by: Myself My physician Insurance Plan Affiliation

***Please circle the level of satisfaction that best reflects your experience with our Center:
1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, 5 = very satisfied***

Please circle one

4. Calling to make an appointment	1	2	3	4	5
5. Choice of appointment times	1	2	3	4	5
6. The preparations for your specific test/exam were adequately explained	1	2	3	4	5
7. Registration process at the front desk/courtesy of the staff	1	2	3	4	5
8. Explanation of our billing policies and procedures	1	2	3	4	5
9. Waiting time before procedure.	1	2	3	4	5
10. Courtesy of our nurse and/or technologist	1	2	3	4	5
11. Explanation of what to expect during your exam	1	2	3	4	5
12. How questions were answered by our staff	1	2	3	4	5
13. Satisfaction with the overall care received	1	2	3	4	5
14. Timeliness with which your physician received the radiology report	1	2	3	4	5
15. Would you recommend others to Columbia-Presbyterian Eastside Radiology? Yes No					

Comments? _____
