Patient Satisfaction Survey

We would very much appreciate your responses to this survey so that we may continue to find ways to improve the services we offer. Your suggestions and comments are welcomed.

Please mail this survey to RIA, Marketing Department, 7801 Old Branch Avenue, Suite 300, Clinton, Maryland 20735, or drop at any RIA Center. Thank you!

SCHEDULING

1. Did you schedule your appointment? ☐ Yes, ☐ No, ☐ Not necessary, ☐ No, doctor's office did.

2. Was the appointment time convenient? ☐ Yes, ☐ No, What would be better? _____

3. How would you rate the following?
   a) The adequacy of instructions for exam preparation? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor
   b) The courtesy of the scheduling staff? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor
   c) The efficiency of the scheduling staff? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor
   d) Overall satisfaction with the scheduling process? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor

REGISTRATION

1. How would you rate the following?
   a) The courtesy and efficiency of the receptionist? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor
   b) The comfort and appearance of the waiting room? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor
   c) Overall satisfaction with the registration process? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor

2. During the time that you waited, was …☐ the TV playing, ☐ videotape playing, ☐ the radio on.
   Was this acceptable? ☐ Yes, ☐ No, What is your preference? _____

YOUR PROCEDURE

1. How long did you wait for the technologist once you finished the registration process?
   ☐ 1 – 5 minutes, ☐ 5 – 10 minutes, ☐ 10 – 15 minutes, ☐ more than 15 minutes
   Was this acceptable? ☐ Yes, ☐ No

2. How would you rate the following?
   a) Technologist's courtesy and professionalism? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor
   b) Thoroughness in explaining the procedure? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor
   c) Comfort and appearance of exam room? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor
   d) Overall satisfaction with your procedure? ☐ Excellent, ☐ Good, ☐ Fair, ☐ Poor

3. At which R.I.A. Center did you have your examination? _____

4. Exam(s) that you had: _____ Date of exam(s): _____

We would appreciate additional comments:

_____

_____

Your name: _____ Phone number: _____

RIA107.rev.1/99