

# Patient Perception Survey - Department of Radiology and Imaging Sciences

## 1. TELL US HOW WE ARE DOING (Reception/Check-In)

Please fill in the bubble that best describes your experience during your visit today in this department. Only the patient who had the test done should fill out this questionnaire.

### 1. Did you have to wait too long in the waiting/reception area?

Yes, definitely

Yes, somewhat

No

### 2. Did you have to wait too long in the examination/testing room?

Yes, definitely

Yes, somewhat

No

### 3. If your appointment did not start on time, did someone give you a reason for the delay?

Yes

No

Appointment started on time

# EXAMPLE

### 4. How would you rate the courtesy of the reception area staff?

Excellent

Very Good

Good

Fair

Poor

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## 2. TELL US HOW WE ARE DOING (Physician Staff)

Please fill in the bubble that best describes your experience during your visit today in this department. Only the patient who had the test done should fill out this questionnaire.

### 5. Did the doctor(s) in the Department of Radiology and Imaging Sciences explain why you needed the tests in a way that you could understand?

- Yes, completely
- Yes, somewhat
- No
- Did not need an explanation
- Did not talk to a doctor about the test

### 6. When you had important questions to ask the doctor(s) in the Department of Radiology and Imaging Sciences, did you get answers that you could understand?

- Yes, completely
- Yes, somewhat
- No
- Did not have questions
- Did not talk to a doctor in this department

EXAMPLE

### 7. Did you have confidence in the doctor(s) treating you in the Department of Radiology and Imaging Sciences?

- Yes, completely
- Yes, somewhat
- No
- Did not talk to a doctor in this department

### 8. Did the doctor(s) in the Department of Radiology and Imaging Sciences treat you with respect?

- Yes, always
- Yes, sometimes
- Never
- Did not talk to a doctor in this department

**9. Did the doctor(s) in the Department of Radiology and Imaging Sciences talk in front of you as if you weren't there?**

Yes, always

Yes, sometimes

Never

Did not talk to a doctor in this department

**EXAMPLE**

# Patient Perception Survey - Department of Radiology and Imaging Sciences

## 3. TELL US HOW WE ARE DOING (Nursing Staff)

Please fill in the bubble that best describes your experience during your visit today in this department. Only the patient who had the test done should fill out this questionnaire.

### 10. When you had important questions to ask the nurse(s) in the Department of Radiology and Imaging Sciences, did you get answers that you could understand?

- Yes, completely
- Yes, somewhat
- No
- Did not have questions
- Did not talk to a nurse in this department

### 11. Did you have confidence in the nurse(s) treating you in the Department of Radiology and Imaging Sciences?

- Yes, completely
- Yes, somewhat
- No
- Did not talk to a nurse in this department

EXAMPLE

### 12. Did the nurse(s) in the Department of Radiology and Imaging Sciences treat you with respect?

- Yes, completely
- Yes, somewhat
- No
- Did not talk to a nurse in this department

### 13. Did the nurse(s) in the Department of Radiology and Imaging Sciences talk in front of you as if you weren't there?

- Yes, always
- Yes, sometimes
- Never
- Did not talk to a nurse in this department

# Patient Perception Survey - Department of Radiology and Imaging Sciences

## 4. TELL US HOW WE ARE DOING (Technical Staff-staff who perform the tests/proce...

Please fill in the bubble that best describes your experience during your visit today in this department. Only the patient who had the test done should fill out this questionnaire.

### 14. Did the technical staff explain the test to you in a way that you could understand?

- Yes, completely
- Yes, somewhat
- No
- Did not need explanation

### 15. When you had important questions to ask the technical staff, did you get answers that you could understand?

- Yes, completely
- Yes, somewhat
- No
- Did not have questions

EXAMPLE

### 16. Did you have confidence in the technical staff treating you?

- Yes, completely
- Yes, somewhat
- No

### 17. Did the technical staff treat you with respect?

- Yes, always
- Yes, sometimes
- Never

### 18. Did the technical staff talk in front of you as if you weren't there?

- Yes, always
- Yes, sometimes
- Never

**19. How would you rate the courtesy of the technical staff performing your tests?**

Excellent

Very Good

Good

Fair

Poor

**20. Do you feel you had enough privacy during your test?**

Yes, completely

Yes, somewhat

No

**EXAMPLE**

# Patient Perception Survey - Department of Radiology and Imaging Sciences

## 5. TELL US HOW WE ARE DOING (Patient Safety)

Please fill in the bubble that best describes your experience during your visit today in this department. Only the patient who had the test done should fill out this questionnaire.

**21. Did the staff ask you your name and birth date before they started any tests?**

- Yes, always
- Yes, sometimes
- Never

**22. How often did you need to explain to staff something about your condition or treatment that you thought they should already know?**

- Often
- Sometimes
- Never

**23. Did you receive the wrong contrast material or medicine in this department?**

- Yes
- No
- Do not know

**EXAMPLE**

**24. Did you receive the wrong procedure or test in this department?**

- Yes
- No
- Do not know

**25. Did the staff tell you what danger signals to look for after the procedure?**

- Yes
- No

**26. If you could change one thing about your experience today or if you have additional comments that you would like to share, please use the space below.**

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## 6. DEMOGRAPHICS - To be completed by department staff

### 27. Date

  

### 28. Time

  

### 29. Institute

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> NCI   | <input type="checkbox"/> NICHD | <input type="checkbox"/> NINDS |
| <input type="checkbox"/> NEI   | <input type="checkbox"/> NIDCD | <input type="checkbox"/> NIAID |
| <input type="checkbox"/> NHLBI | <input type="checkbox"/> NIDCR | <input type="checkbox"/> NCCAM |
| <input type="checkbox"/> NHGRI | <input type="checkbox"/> NIDDK | <input type="checkbox"/> NIAMS |
| <input type="checkbox"/> NIAAA | <input type="checkbox"/> NIMH  | <input type="checkbox"/> CC    |

### 30. Please mark the types) of procedures performed today.

- General X-Ray
- Mammography
- CT Scan
- Ultrasound
- MRI
- Special Procedures
- Nuclear Medicine
- Research PET

# EXAMPLE

### 31. This visit is a:

- Prescheduled appointment
- Emergency appointment
- On-call appointment