



Patient Satisfaction Survey- Radiation Oncology

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In a continuing effort to improve our service to you, we ask that you take a few minutes to let us know how we are doing. Please complete this short survey and return it to the reception area or in the self-addressed stamped envelope. We greatly value your time and input.

Treatment Room/Procedure Area: _____

Your care providers were: _____

Month of last treatment: _____

Using the key below, please grade our service by circling the appropriate number in each of the following categories.

1 = Poor 2 = Below Average 3 = Average 4 = Good 5 = Excellent

Office Staff

- | | | | | | |
|---|-----|----|---|---|---|
| 1. Telephone Politeness | 1 | 2 | 3 | 4 | 5 |
| 2. Greetings | 1 | 2 | 3 | 4 | 5 |
| 3. Prompt Attention | 1 | 2 | 3 | 4 | 5 |
| 4. Pleasant Attitude | 1 | 2 | 3 | 4 | 5 |
| 5. Assistance with Questions | 1 | 2 | 3 | 4 | 5 |
| 6. Were you informed about your wait time for registration? | Yes | No | | | |

Radiation Therapists

- | | | | | | |
|---|-----|----|---|---|---|
| 1. Willingness to listen | 1 | 2 | 3 | 4 | 5 |
| 2. Professionalism of therapists | 1 | 2 | 3 | 4 | 5 |
| 3. Provided compassionate care? | 1 | 2 | 3 | 4 | 5 |
| 4. Were you informed of your wait time for treatment? | Yes | No | | | |

Nurses

- | | | | | | |
|---|-----|----|---|---|---|
| 1. Willingness to listen | 1 | 2 | 3 | 4 | 5 |
| 2. Availability to answer questions | 1 | 2 | 3 | 4 | 5 |
| 3. Helpfulness in providing me with personal care instructions during treatment | 1 | 2 | 3 | 4 | 5 |
| 4. Willingness to accommodate special needs | 1 | 2 | 3 | 4 | 5 |
| 5. Were you informed of your wait time to see a nurse? | Yes | No | | | |

Doctors

- | | | | | | |
|---|-----|----|---|---|---|
| 1. Willingness to listen | 1 | 2 | 3 | 4 | 5 |
| 2. Spends an appropriate amount of time with you? | 1 | 2 | 3 | 4 | 5 |
| 3. Answered your questions completely and thoroughly? | 1 | 2 | 3 | 4 | 5 |
| 4. Provided professional and compassionate care? | 1 | 2 | 3 | 4 | 5 |
| 3. Helps you understand your medical condition? | Yes | No | | | |

I would recommend OKCVA Radiation Oncology to others? Yes No

Was there a particular staff member that you would like to recognize? Or any other comments for suggestions for better care:

