



OUTPATIENT SERVICES SURVEY

INSTRUCTIONS: Please rate the outpatient service you received from our facility. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

If you can't complete the entire survey at once, you may come back to it later. Your previous responses will be saved automatically and you will be able to continue where you left off. At any point during the survey, you can clear the entire survey and start over by clicking the "Clear Survey" button.

When you have finished, please click the "Submit" button.

Progress 0% 100%

THE SERVICE YOU RECEIVED (SELECT ONE RESPONSE ONLY)

1) Please select the last outpatient test or treatment you received. Rate only that service and visit.

- Radiation Oncology (B2)
- Dowling Clinic (Apheresis)

Clear Survey

Previous

Next

OUTPATIENT SERVICES SURVEY



REGISTRATION	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 6
1) Helpfulness of the person at the registration desk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Ease of the registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Waiting time in registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Comfort of the waiting area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Comments (describe good or bad experience):	<input type="text"/>				

Clear Survey

Previous

Next

OUTPATIENT SERVICES SURVEY



YOUR CARE	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Staff's explanation of the test or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Staff provided opportunity to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Your trust in the skill of the staff who provided your test or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Staff's concern for your comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Staff treated you with respect and dignity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Response to concerns/complaints made during your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Our sensitivity to your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Comments (describe good or bad experience):	//				

Clear Survey

Previous

Next

OUTPATIENT SERVICES SURVEY



OVERALL ASSESSMENT	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) How well staff worked together to provide care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Likelihood of your recommending our facility to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Comments (describe good or bad experience):	<input type="text"/>				

PREVIEW

Clear Survey

Previous

Next

OUTPATIENT SERVICES SURVEY

Progress  0% 100%

1) Patient's Name: (optional)

2) Telephone Number: (optional)

Clear Survey

Previous

Submit