

**McLaren Breast Center, Clarkston  
Patient Satisfaction Survey**

Date of Exam \_\_\_\_\_ Type of Exam \_\_\_\_\_

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

- 1. Ease of making an appointment/time you waited to speak to a receptionist ..... 1 2 3 4 5
- 2. Choice of appointment times ..... 1 2 3 4 5
- 3. The preparations for your specific exam were adequately explained ..... 1 2 3 4 5
- 4. Ease of the registration process, courtesy of the staff ..... 1 2 3 4 5
- 5. Waiting time before the exam ..... 1 2 3 4 5
- 6. Courtesy of the Technologist ..... 1 2 3 4 5
- 7. Explanation of what to expect during your exam ..... 1 2 3 4 5
- 8. Were all your questions answered by our staff ..... 1 2 3 4 5
- 9. Was the Technologist: BELOW expectations, MET expectations, or WENT ABOVE & BEYOND?
- 10. On a scale of 1 to 10 with 10 being the best, how would you rate your overall experience? \_\_\_\_
- 11. Would you recommend others to the McLaren Breast Center? YES or NO

Did you see any area that we could improve upon? \_\_\_\_\_

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

MO-121 (6/16)

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