



Imaging Services Department Mammography Questionnaire



Our goal is to provide the most technically advanced care delivered in a professional and courteous manner. We continually evaluate our techniques and our team to learn ways to improve our services to you. Please take a few moments to complete this survey for us.

Outpatient Waiting Area:

1. *Before you were brought to the Mammography Suite, how long did you wait in the Out Patient waiting area? (Please circle one)*

Less than 15 minutes 15 min 30 min 45 min Over 45 min

Before Your Mammogram

2. When you arrived in the Mammography Suite, did you wait more than 15 minutes? Yes No
3. Did our technologist introduce herself to you? Yes No
4. If your wait was greater than 15 minutes, did one of our staff tell you personally why your test was delayed? Yes No
5. Did your physician or his/her nurse explain the Mammography Procedure to you at their office? Yes No
6. Did our technologist explain the procedure to you prior to your exam? Yes No
7. Did you understand the explanation you were given? Yes No

During the Mammogram

8. Was the room and equipment clean and ready for your exam? Yes No
9. Was your need for privacy respected? Yes No
10. Was your technologist courteous and professional? Yes No
11. In your opinion, was the exam extremely uncomfortable? Yes No
12. Was the exam so uncomfortable, that you would not return each year for a follow-up study? Yes No

If yes, please explain: _____

13. Is there anything we can do to make your Mammogram experience more positive?

14. Do you have any suggestions to help improve our team or our service?
