

Susan G. Komen Northwest NC
Patient Satisfaction Survey

As a recipient of a free mammogram, you have been selected to participate in this survey. Please take a few minutes to complete the form. The information you provide will be used to improve the services offered to women in the Northwest NC area.

Date of Screening: _____ Location of Screening _____

Please circle the number that best fits your answer.

	Totally Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely satisfied
1. Ease of making your appointment.	1	2	3	4	5
2. Convenience of the location and parking/bus.	1	2	3	4	5
3. Friendliness and courtesy of persons working with you.	1	2	3	4	5

Please circle "Yes" or "No".

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|---|-----|----|
| 4. Did the provider explain the mammogram process to you? | YES | NO |
| 5. Did you receive any new breast health information? | YES | NO |
| 6. Would you recommend this center's mammograms to your family and friends? | YES | NO |

What did you like most about your mammogram experience?

What did you like least about your mammogram experience?

Additional Comments:
