

BREAST HEALTH PATIENT NAVIGATOR PROGRAM PHYSICIAN SURVEY

Please give your overall rating of the Navigator Program. Would you say you were...

Very Dissatisfied

Neutral

Very Satisfied

How would you rate your overall experience with the navigator? Would you say you were...

Very Dissatisfied

Neutral

Very Satisfied

Please circle your response; please add comments for choice of 3 or below.

Physician Survey	VERY DISSATISFIED		NEUTRAL		VERY SATISFIED	
	1	2	3	4	5	5
1. I am satisfied with navigator's awareness of appropriate resources.	1	2	3	4	5	5
2. I am satisfied with the navigator's timeliness in coordination of care.	1	2	3	4	5	5
3. The navigator was helpful providing education to my patient.	1	2	3	4	5	5
4. The navigator worked in conjunction with me to address patient concerns.	1	2	3	4	5	5
5. I was satisfied with the navigator's overall responsiveness.	1	2	3	4	5	5
6. The navigator was thorough and kept me informed.	1	2	3	4	5	5
7. I feel the navigator worked well with my office staff.	1	2	3	4	5	5
8. Overall, I value the navigation service to my practice.	1	2	3	4	5	5
9. I would recommend this service to other patients.	1	2	3	4	5	5

Suggestions or comments: _____

Name (optional) _____

Thank you for your participation.