



Association of Community Cancer Centers

PATIENT SATISFACTION SURVEY

Age: _____

Ethnicity:

- _____ African American
- _____ American Indian/Native Alaskan
- _____ Caucasian (Not Hispanic or Latino)
- _____ Hispanic or Latino (All Races)
- _____ Pacific Islander
- _____ Unknown

Sex: M _____ F _____

Please check the appropriate box, and tell us how well you think we are doing in the following areas.	Great 5	Good 4	OK 3	Fair 2	Poor 1
Time between your call to schedule an appointment and your appointment date					
Time from suspicious mammogram to diagnostic mammogram					
Time to appointment with physician					
Time to appointment with other consulting physicians					
Staff:					
Provider: (MD, PA, NP, RN)					
Listens to you					
Answers your questions					
Explains what you want to know					
Spends enough time with you					
Involves you in decisions about your care					
Navigator:					
Friendly and helpful to you					
Answers your questions					
Explains what you want to know					
Helps you with appointments and referrals					
All others:					
Friendly and helpful to you					
Answer your questions					
Confidentiality:					
Keeping my personal information private					
The likelihood of referring your friends and relatives to us					
Do you consider this center your regular source of care:	Yes _____ No _____				

What do you like best about our center? _____

What do you like least about our center? _____

Suggestions for improvement: _____