

MEDICAL STAFF QUESTIONNAIRE RADIOLOGY SERVICES

This questionnaire is designed to assess the quality of radiology services provided to you. We could appreciate your comments, both positive and negative, which might help us in our continuing efforts to assure the quality of diagnostic services. Your signature is optional.

For the following questions, please indicate your degree of satisfaction by circling the appropriate number.

LEAST
SATISFIED

MOST
SATISFIED

	1 Very Dissatisfied	2 Somewhat Dissatisfied	3 Somewhat Satisfied	4 Very Satisfied	5 No Opinion
1. FRONT OFFICE					
A. Transcription of reports	1	2	3	4	5
B. Availability/timeliness of reports	1	2	3	4	5
C. Scheduling - inpatients	1	2	3	4	5
D. Scheduling - outpatients	1	2	3	4	5
E. Cooperation with your office staff	1	2	3	4	5
F. Interaction with patients	1	2	3	4	5
G. Phone "hospitality"	1	2	3	4	5
H. Overall satisfaction with telephone Reporting service	1	2	3	4	5

Comments: _____

2. DEPARTMENT OPERATION					
A. Scheduling	1	2	3	4	5
B. Availability of films	1	2	3	4	5
C. Staffing	1	2	3	4	5
D. Patient wait time	1	2	3	4	5
E. Response to your complaints (If no complaints, circle 5)	1	2	3	4	5
F. Number of patient complaints	1	2	3	4	5

Comments: _____

3. QUALITY OF STUDIES, INCLUDING FILM QUALITY					
A. Orthopedic	1	2	3	4	5
B. GI	1	2	3	4	5
C. GU	1	2	3	4	5
D. CT	1	2	3	4	5
E. General Diagnostic	1	2	3	4	5
F. Ultrasound	1	2	3	4	5
G. Nuclear Medicine	1	2	3	4	5
H. Special Vascular	1	2	3	4	5
I. Breast Imaging	1	2	3	4	5
J. Interventional	1	2	3	4	5

Comments: _____

PLEASE TURN OVER

	LEAST SATISFIED			MOST SATISFIED	
	1 Very Dissatisfied	2 Somewhat Dissatisfied	3 Somewhat Satisfied	4 Very Satisfied	5 No Opinion
4. TECHNOLOGISTS					
A. Quality of routine images	1	2	3	4	5
B. Quality of emergency images	1	2	3	4	5
C. Cooperation with medical staff	1	2	3	4	5
D. Interaction with patients	1	2	3	4	5
E. Cooperation with other departments	1	2	3	4	5
F. Timeliness of arrival in surgery	1	2	3	4	5
G. Timeliness in completion of "stat" exams	1	2	3	4	5

Comments: _____

5. RADIOLOGISTS					
A. Quality/accuracy of interpretation	1	2	3	4	5
B. Dictated reports	1	2	3	4	5
C. Coverage	1	2	3	4	5
D. Availability for consultation	1	2	3	4	5
E. Cooperation with medical staff	1	2	3	4	5
F. Interaction with patients	1	2	3	4	5
F. Timeliness of arrival for after-hour emergencies	1	2	3	4	5

Comments: _____

6. PHYSICAL FACILITIES					
A. Ease of access for patients	1	2	3	4	5
B. Proximity to emergency services	1	2	3	4	5
C. Proximity to surgery, ICCU	1	2	3	4	5
D. Physician viewing	1	2	3	4	5
E. Cleanliness	1	2	3	4	5
F. Atmosphere	1	2	3	4	5
G. Decor	1	2	3	4	5

Comments: _____

7. ARE THERE SERVICES OR PROCEDURES YOU WOULD LIKE TO SEE ADDED TO RADIOLOGY? IF SO, PLEASE CHECK:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bone Densitometry | <input type="checkbox"/> Interventional | <input type="checkbox"/> Therapeutic |
| <input type="checkbox"/> CT | <input type="checkbox"/> Magnetic Resonance Imaging | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> General Diagnostic | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Vascular Imaging |
| <input type="checkbox"/> GI | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Other |
| <input type="checkbox"/> GU | <input type="checkbox"/> PET Imaging | |

8. PLEASE INDICATE YOUR MEDICAL/SURGICAL SPECIALTY:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Dental Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Other |
| <input type="checkbox"/> General Surgery | | |

General Comments: _____

Thank you very much for your help in our process of improving our department.