



34194

Monmouth Medical Center
Jacqueline M. Wilentz Comprehensive Breast Center
Patient Survey Form

PtID

(Staff assign: yynnnnn)

Thank you for coming to Jacqueline M. Wilentz Comprehensive Breast Center. We are committed to making sure you are satisfied with the care and services you receive at our center. Please let us know how we did so we can make your next visit here more pleasant.

Your comments and suggestions are very IMPORTANT to us!

Date of Appointment: / /

Was this your first time at our center? Yes No

Appointment scheduled time:

- Weekday morning (7:00am - 11:45am)
- Weekday afternoon (12:00 - 3:45pm)
- Weekday evening (4:00pm and after)
- Weekend

Type of appointment:

- Screening mammogram
- Diagnostic mammogram
- Ultrasound
- Fine Needle Aspiration
- Stereotactic Biopsy
- Film Consultation
- Others

What prompted you to be with us today?

- Recall letter in the mail
- Referring doctor
- Friend or relative
- Newspaper, radio or TV ad
- Yellow pages
- Others

Please rate the service you received from our Breast Center.

A. Registration

	Very Poor	Poor	Fair	Good	Very Good
Helpfulness of the person whom you spoke with by phone to make the appointment	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Ease of getting a reasonable/convenient appointment	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Helpfulness of the person at the registration desk	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Ease of the registration process	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
How well billing and insurance questions were handled	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Waiting time in registration	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

B. Facility

	Very Poor	Poor	Fair	Good	Very Good
Parking is easy and convenient	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Comfort of the waiting area	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Ease of finding your way around	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Cleanliness of the facility	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

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C. Your Procedure

	Very Poor	Poor	Fair	Good	Very Good
Time you spent waiting in the procedure area	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Friendliness/courtesy of the staff who performed procedure	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Explanations from the staff about what would happen during your procedure	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Skill of the staff who performed the procedure	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Staff's concern for your comfort	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Staff's concern for your questions and worries	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Instructions from the staff about discharge and care at home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

D. Personal Issues

	Very Poor	Poor	Fair	Good	Very Good
Our concern for your privacy	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Our sensitivity to your needs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Response to concerns/complaints made during your visit	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
How well staff introduced themselves by name	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Staff courtesy towards your family	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Staff concern to keep your family informed about your procedure	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Degree of safety and security you felt in the hospital	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

E. Overall Assessment

	Very Poor	Poor	Fair	Good	Very Good
How well staff worked together to provide care	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Overall rating of care received during your visit	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Likelihood of you recommending our facility to others	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Please feel free to provide additional comments/suggestions to us:

Please kindly hand this over to our front desk staff or fax to **732-923-6577**. Thank you for your participation.

Jacqueline M. Wilentz Comprehensive Breast Center Phone: 732-923-7700 (appointment); 732-923-6575 (Patient Satisfaction)