

**Radiology Associates of Hartford, P.C.  
Patient Satisfaction Survey**

The physicians and staff of Radiology Associates of Hartford, P.C. (RAH), continually strive to maintain the highest level of service and overall professionalism. Your comments, both positive and negative are valued and appreciated. Please print out this survey, complete it and return it to the **RAH business office located at 1000 Asylum Avenue, Ste. 3201E, Hartford, CT 06105.**

Our goal is to provide you with quality radiology services in a comfortable and convenient setting. We are striving to improve the service we offer and welcome your feedback and suggestions. Please take a few minutes to complete this survey about your visit.

Thank you for your time and input. All comments will remain confidential.

What is the name of the study you received today? \_\_\_\_\_

At which location did you receive your services? \_\_\_\_\_

Please rate your level of satisfaction by selecting your answers below:

**5=Very Satisfied 4=Satisfied 3=Unsatisfied 2=Extremely Unsatisfied 1=No Opinion**

**Scheduling**

- 1 Did you schedule your appointment?  Yes  No  Don't Know  
  . If "No" or "Don't Know" skip to the registration section
- 2 Your ability to schedule an appointment was  5  4  3  2  1  
  . convenient
- 3 The adequacy of the instructions on how to prepare  5  4  3  2  1  
  . for your exam
- 4 The courtesy and efficiency of the scheduling staff  5  4  3  2  1  
  .
- 5 Your overall level of satisfaction with the scheduling  5  4  3  2  1  
  . process

**Registration**

- 1. The courtesy and efficiency of the receptionist  5  4  3  2  1
- 2. The comfort and appearance of the waiting room  5  4  3  2  1
- 3. Your overall level of satisfaction with the registration  5  4  3  2  1  
  process

**Your Procedure**

1. Did you have an appointment?  
If "No" or "Don't know" skip to question 4.  Yes  No  Don't Know
2. Did you have to wait past your scheduled appointment time?  No  Yes  Don't Know
3. Approximately how long was your wait?  
 Taken Early  No Wait  1-15 mins  16-30 mins  31+ mins
4. Your overall satisfaction with the waiting time  5  4  3  2  1
5. The technologist's sensitivity and ability to communicate  5  4  3  2  1
6. Thoroughness in explaining the procedure  5  4  3  2  1
7. Respect for your privacy  5  4  3  2  1
8. The comfort and appearance of the exam room  5  4  3  2  1
9. Your overall level of satisfaction with your procedure  5  4  3  2  1
10. Would you recommend Radiology Associates of Hartford, PC to a friend or relative?  Yes  No  Don't Know

*We would appreciate additional comments:*

Your name (optional): \_\_\_\_\_