



Patient Satisfaction Survey

National PET/CT Contract

Thank you for taking the time to complete this form, your comments will be used to improve our future service.

AM000169 Mar15



Patient Satisfaction Survey

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We are dedicated to continually improving our services to customers. To help us measure our standard of service, we would be very grateful if you would spend a few moments filling in this survey about your experience.



Hospital location:	Scan date:
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You can fill in the form with or without your name. If you do give us your name, please be assured that your answers will be treated with absolute confidentiality.

Title Mr Mrs Miss Ms

First name

Surname

Telephone

Please seal your completed form in the pre-paid envelope provided and either return by post or hand it to the receptionist before you leave.

If you would like any more information, visit www.alliancemedical.co.uk or contact our Patient Management Centre on **0845 045 0103**.

Thank you for your help

Alliance Medical Quality Team

1. How satisfied were you with the phone call you received to book your PET/CT scan? <p style="text-align: right;">Not satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/></p>

2. How satisfied were you with the times and dates offered for your appointment? <p style="text-align: right;">Not satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/></p>

3. Did you find the confirmation letter, map and instructions on how to get to the hospital useful? <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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4. How satisfied were you with the way our staff dealt with you? <p style="text-align: right;">Not satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/></p>

5. Were our staff professional in their attitude and tidy in their appearance? <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

6. How satisfied were you with the information given to you on how you would receive your results? Not satisfied Satisfied Very satisfied

7. How satisfied were you by the cleanliness and appearance of the scanning unit? Not satisfied Satisfied Very satisfied

8. How satisfied were you with the security of your belongings? Not satisfied Satisfied Very satisfied

9. Based on your treatment today, would you recommend this service to your friends and family? Yes No

10. How would you rate your overall experience?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor		Satisfactory		Excellent

11. Would you be happy for us to pass on your details to NHS England so that they may contact you to discuss your experience of the scan? (Details must be completed) Yes No

12. Please comment in the space below if you would like to expand on some of your answers or make any additional comments or suggestions:

13. If there is any way we could improve our services to you please share your thoughts below:

For office use only: Entered on to database: Date: