



## Brampton Nuclear Services PATIENT SATISFACTION SURVEY

Please rate the following about your visit to this clinic in terms of whether they were poor, fair, good or excellent. Circle the number 1 for poor; 2 for fair; 3 for good; 4 for very good and 5 if you felt it was excellent. If something doesn't apply to your visit or you don't have an opinion, please circle the number 8.

<b>Please rate each by circling the number that best describes your opinion:</b>	Poor	Fair	Good	Very Good	Excellent	Not applicable No opinion
1. Waiting time: how long you had to wait to get appointment at this clinic	1	2	3	4	5	8
2. Waiting time: how long you had to wait in the clinic waiting room for your appointment	1	2	3	4	5	8
3. Instructions: how well the clinic staff (doctors, receptionists, technologists, etc) told you how to prepare for the test(s) and what to expect both before and/or during the test(s)	1	2	3	4	5	8
4. Ease of getting information: willingness of clinic staff to answer your questions	1	2	3	4	5	8
5. Information you were given: how clear and complete the explanations were about any possible risks and complications of the test(s)	1	2	3	4	5	8
6. Concern and caring by clinic staff: courtesy and respect you were given, friendliness and kindness: how well clinic staff listened to what you had to say; how well the clinic staff understood what you thought was important	1	2	3	4	5	8
7. Safety and security: the provisions for your safety and the security of your belongings	1	2	3	4	5	8
8. Privacy; how well your privacy was considered, for example, type of gowns used, privacy while changing clothes	1	2	3	4	5	8
9. Instructions on leaving; how clearly and completely you were told what to do and what to expect when you left the clinic	1	2	3	4	5	8
<b>Please answer the following questions by circling 1 for Yes or 2 for No</b>				YES	NO	
10. Were you told to leave the clinic before you felt ready to do so?				1	2	
11. Would you recommend the clinic to a friend or family member if they needed services that it provides?				1	2	
<b>Please rate each by circling the number that best describes your opinion:</b>	Poor	Fair	Good	Very Good	Excellent	Not applicable No opinion
12. Overall quality of care; how you evaluate the services you received and the way you were treated	1	2	3	4	5	8

13. If there were some things you could change about this visit to improve it, what would it be?


Thank you for completing this survey. Please double check that you have answered all questions and you can either bring it with should you require another visit or email us at [info@bramptonnuclear.com](mailto:info@bramptonnuclear.com). Your answers will be kept completely confidential.

Thank you again for your help!

**Optional:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# *Brampton Nuclear Services*

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Office Use Only:                      Date received \_\_\_\_\_ Staff member \_\_\_\_\_ Action taken \_\_\_\_\_