

**HARTSDALE IMAGING**  
**QUALITY IMPROVEMENT SURVEY**

1. Age \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of visit \_\_\_\_\_
2. Which study were you here for: \_\_\_\_\_ Bone Densitometry \_\_\_\_\_ CT Scan \_\_\_\_\_ MRI  
 \_\_\_\_\_ Fluoroscopy \_\_\_\_\_ Mammography \_\_\_\_\_ X-Ray \_\_\_\_\_ Ultrasound \_\_\_\_\_ Echocardiography

***Please take a few moments to rate us on the questions below. Your comments and suggestions are important to us and help us to improve the services and care to our patients.***

**APPOINTMENTS**

Excellent      Good      Fair      Poor

- |                          |       |       |       |       |
|--------------------------|-------|-------|-------|-------|
| 1. Availability          | _____ | _____ | _____ | _____ |
| 2. Hours we are open     | _____ | _____ | _____ | _____ |
| 3. Location of office    | _____ | _____ | _____ | _____ |
| 4. Time in waiting room  | _____ | _____ | _____ | _____ |
| 5. Comfort while waiting | _____ | _____ | _____ | _____ |

**STAFF**

- |  |       |       |       |       |
|--|-------|-------|-------|-------|
| 1. Telephone Scheduling Staff  | _____ | _____ | _____ | _____ |
| 2. Front Desk Staff  | _____ | _____ | _____ | _____ |
| 3. Technologists   | _____ | _____ | _____ | _____ |
| 4. Radiologists (If Applicable)  | _____ | _____ | _____ | _____ |
| 5. Overall did the staff present themselves in a professional and courteous manner | _____ | _____ | _____ | _____ |

**FACILITY**

- |                                    |       |       |       |       |
|------------------------------------|-------|-------|-------|-------|
| 1. Ease of finding of our office   | _____ | _____ | _____ | _____ |
| 2. Cleanliness of our waiting room | _____ | _____ | _____ | _____ |
| 3. Cleanliness of exam room        | _____ | _____ | _____ | _____ |
| 4. Privacy in exam room            | _____ | _____ | _____ | _____ |

**OVERALL EXPERIENCE**

- |   |       |       |       |       |
|---|-------|-------|-------|-------|
| 1. Overall how would you rate your experience at Hartsdale Imaging? | _____ | _____ | _____ | _____ |
|---|-------|-------|-------|-------|

Would you recommend us to your family and friends? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no why? \_\_\_\_\_  
\_\_\_\_\_

Is there any staff who you feel needs improvement? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes who and why? \_\_\_\_\_  
\_\_\_\_\_

Is there any staff who you feel needs special commendation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes who and why? \_\_\_\_\_  
\_\_\_\_\_

Is there any area that you feel we can improve upon? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes what area and why? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Hartsdale Imaging? \_\_\_\_\_

Name (Optional) \_\_\_\_\_

Email (Optional) \_\_\_\_\_

***AT THE CONCLUSION OF YOUR EXAM PLEASE COMPLETE THIS SURVEY AND PLACE INTO THE GRAY BOX AT THE FRONT DESK.***

***PLEASE DO NOT HAND THIS SURVEY TO THE RECEPTIONISTS.***