

Patient Satisfaction Survey

At SightLine, we work hard to provide our patients with the highest quality care possible. We want to ensure that we are doing everything possible to serve you. Your opinion, and the feedback you provide, allows us to identify ways in which we can improve, and helps us know what it is we are doing right. Please take a minute to fill out the confidential survey below.

Questions marked with a * are required.

1. **Patient Name** (Optional): _____

*2. **Site of Service:** _____

The questions below are rated from 1 to 5:

1 = STRONGLY
DISAGREE

4 = AGREE
5 = STRONGLY

Please read each question carefully and ^{circle} your response. Each completed survey is reviewed with our clinical staff.

*3. Ease of Access to Care

- | | | | | | |
|--------------------------------------------------------------------------|---|---|---|---|---|
| ➤ The facility was easy to locate. | 1 | 2 | 3 | 4 | 5 |
| ➤ The facility was easy to access. | 1 | 2 | 3 | 4 | 5 |
| ➤ Parking at the facility is convenient and adequate. | 1 | 2 | 3 | 4 | 5 |
| ➤ Hours of operation meet your needs. | 1 | 2 | 3 | 4 | 5 |
| ➤ Our staff returned your messages promptly. | 1 | 2 | 3 | 4 | 5 |
| ➤ Any time spent waiting to be seen was brief, and you were comfortable. | 1 | 2 | 3 | 4 | 5 |
| ➤ The receptionist was friendly and courteous. | 1 | 2 | 3 | 4 | 5 |
| ➤ The registration process was easy and efficient. | 1 | 2 | 3 | 4 | 5 |

*4. Clinical Staff

- | | | | | | |
|----------------------------------------------------------------|---|---|---|---|---|
| ➤ The clinical staff was courteous and empathetic. | 1 | 2 | 3 | 4 | 5 |
| ➤ The knowledge and skill of our clinical staff was excellent. | 1 | 2 | 3 | 4 | 5 |
| ➤ The clinical staff worked well together as a team. | 1 | 2 | 3 | 4 | 5 |
| ➤ The clinical staff was sensitive to your needs. | 1 | 2 | 3 | 4 | 5 |
| ➤ The clinical staff was concerned about your comfort. | 1 | 2 | 3 | 4 | 5 |

***5. Cancer Navigator**

- Your cancer navigator educated you about the treatment process, and answered your questions with care and concern. 1 2 3 4 5
 - You received additional cancer related information. 1 2 3 4 5
 - Your cancer navigator was available to you in office or by phone whenever you had questions. 1 2 3 4 5
 - You were comfortable discussing your treatment process with your cancer navigator. 1 2 3 4 5
 - The information provided by your cancer navigator was useful. 1 2 3 4 5
-

***6. Radiation Oncologist**

- The knowledge and skill of the radiation oncologist was exemplary. 1 2 3 4 5
 - The radiation oncologist attending your treatment was friendly and courteous. 1 2 3 4 5
 - Your visits with the radiation oncologist were prompt. 1 2 3 4 5
 - You met with the radiation oncologist often enough. 1 2 3 4 5
 - You received adequate information regarding side effects from radiation. 1 2 3 4 5
-

***7. Check Out and Payment**

- The scheduling of future appointments was easy and fast. 1 2 3 4 5
 - You were able to schedule appointments at convenient times. 1 2 3 4 5
 - Your charges were explained to your satisfaction. 1 2 3 4 5
 - Our staff adequately handled the collection of your payment. 1 2 3 4 5
-

***8. Confidentiality**

- Our staff did an adequate job of protecting your clinical information. 1 2 3 4 5
 - You feel confident in our custodianship of your clinical information. 1 2 3 4 5
-

9. Please provide any additional comments.
