

Adams Diagnostic Imaging - Patient Satisfaction Survey

Instructions: Please think about your most recent visit to Adams Diagnostic Imaging as you complete the survey form.

Name of Physician ordering the exam: _____

What type of exam did you have? _____

1.	Overall experience:	Excellent	Good	Fair	Poor
2.	Courtesy of staff:	Excellent	Good	Fair	Poor
3.	Comfort of the waiting area:	Excellent	Good	Fair	Poor
4.	Comfort of the exam area:	Excellent	Good	Fair	Poor
5.	Explanation of exam procedures:	Excellent	Good	Fair	Poor
6.	Accessibility of location and office:	Excellent	Good	Fair	Poor
7.	Promptness of service:	Excellent	Good	Fair	Poor
8.	Time between making appointment and being seen:	Excellent	Good	Fair	Poor

9. What influenced your decision to choose ADI?
____ Recommended by my insurance company
____ Recommended by my physician
____ Location
____ Services available at ADI versus other locations
____ Other - please explain: _____

10. Suggestions/Comments on how we can improve our service:

11. Would you recommend ADI to a friend or relative?

Name: _____

Phone Number: _____