

BREAST HEALTH PATIENT NAVIGATOR PROGRAM PATIENT SURVEY

Please give your overall rating of the Navigator Program. Would you say you were...

Very Dissatisfied

Neutral

Very Satisfied

How would you rate your overall experience with the navigator? Would you say you were...

Very Dissatisfied

Neutral

Very Satisfied

*Please circle your response; please add comments for choice of 3 or below.
We value your input into our program to better meet your needs.*

| Patient Survey | Very Dissatisfied | Neutral | Very Satisfied |
|--|----------------------|---------|-------------------|
| 1. I received adequate information pertaining to education | 1 | 2 | 5 |
| 2. My calls were returned in a timely manner | 1 | 2 | 5 |
| 3. I felt the navigator knew about my case | 1 | 2 | 5 |
| 4. The navigator provided me with helpful information during my care | 1 | 2 | 5 |
| 5. Support services referrals met my needs | 1 | 2 | 5 |
| 6. I was satisfied with instructions and had responsive answers to questions | 1 | 2 | 5 |
| 7. The navigator was thorough and kept me informed | 1 | 2 | 5 |
| 8. I valued working with the navigator | 1 | 2 | 5 |
| 9. I found the patient journey binder materials helpful | 1 | 2 | 5 |
| 10. I would recommend this service to others | 1 | 2 | 5 |

Suggestions or comments: _____

Name (optional) _____

Thank you for your participation.

Did having a navigator and being part of this program keep you from seeking care elsewhere?

