



Association of Community Cancer Centers

PATIENT SATISFACTION SURVEY

Age: _____

Sex: M _____ F _____

Ethnicity:

- | | | |
|--|---------------|--------------------------------------|
| _____ African American | _____ Asian | _____ Hispanic or Latino (All Races) |
| _____ American Indian/Native Alaskan | _____ Unknown | _____ Pacific Islander |
| _____ Caucasian (Not Hispanic or Latino) | | |

How Well Do You Think We're Doing? Please check the appropriate box.	Great 5	Good 4	OK 3	Fair 2	Poor 1
Ease of getting care:					
Time to getting appointment					
Hours center is open					
Convenience of center's location					
Waiting:					
Time in waiting room					
Time in exam room					
Waiting for tests to be performed					
Waiting for tests results					
Provider: (MD, PA, NP)					
Listens to you					
Answers your questions					
Explains what you want to know					
Spends enough time with you					
Involves you in decisions about your care					
Navigator:					
Friendly and helpful to you					
Answers your questions					
Explains what you want to know					
Helps you with appointments and referrals					
All others:					
Friendly and helpful to you					
Answer your questions					
Payment:					
What you pay					
Explanation of charges					
Collection of payment/money					
Facility:					
Neat and clean					
Ease of finding where to go					
Comfort and safety while waiting					
Privacy					
The likelihood of referring your friends and relatives to us					
Do you consider this center you regular source of care:	Yes _____ No _____				

What do you like best about our center? _____

What do you like least about our center? _____

How can we improve? _____