



I would be grateful if you would take a few minutes to fill out this questionnaire. This would help us to develop the diagnostic ultrasound service to meet the needs of all patients.

Please tick the box with the satisfaction score of your choice. The scores have the following meaning:

- 1 Very Poor 2 Poor 3 Fair 4 Good 5 Very Good 6 Excellent
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How would you rate the booking procedure?

- 1 2 3 4 5 6

How would you rate the clarity of the written explanations provided prior to the appointment?

- 1 2 3 4 5 6

How would you rate the time from referral to examination?

- 1 2 3 4 5 6

How would you rate the ability to get through on the phone?

- 1 2 3 4 5 6

How do you find the premises?

- 1 2 3 4 5 6

How many minutes did you wait from the allocated appointment time until you were called?

Minutes

Were the staff friendly?

- 1 2 3 4 5 6

What is your overall satisfaction score with the service?

- 1 2 3 4 5 6

Do you have any suggestions for improvement?

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