

Customer Satisfaction Survey Template

1. Overall, did you like that your doctor shared the appropriateness criteria of the imaging test with you in ED?

- Yes
- No
- Not sure

Other (please specify)

2. How well did the handout that ED Clinician share with you meet your needs?

- Extremely well
- Very well
- Somewhat well
- Other (please specify)
- Not so well
- Not at all well

3. How would you rate the quality and usefulness of the handout?

- Very high quality
- High quality
- Neither high nor low quality
- Other (please specify)
- Low quality
- Very low quality

4. Do you have any questions or concerns about the patient handout or understanding the appropriateness of the imaging test for your diagnosis?

- Yes, If yes please explain
- No
- Not sure
- Other (please specify)

5. Would you recommend we share this information or handouts with patients?

- Yes.
- No, If no why?
- Not sure
- Other (please specify)

6. Do you have any other comments, questions, or concerns?