

## Trinity Medical Imaging

### Patient Feedback Survey

To assist us in monitoring the quality of our services, we would appreciate it if you could please take a few minutes to complete this questionnaire.

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1. Did you have any trouble finding the clinic?

Yes  No

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2. Were you attended promptly and courteously upon your arrival?

Yes  No

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3. Were you taken to the exam room in a reasonable amount of time?

Yes  No

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4. Was the examination explained to you before it started?

Yes  No

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5. Were you able to obtain all the information you needed?

Yes  No

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6. Did our staff proceed to treat you with courtesy and respect?

Yes  No

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7. Was your privacy respected during your visit?

Yes  No

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8. Did you find the atmosphere of the clinic pleasant?

Yes  No

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9. Would you return to Trinity Medical Imaging again for testing?

Yes  No

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10. Would you recommend our clinic to your friends and family?

Yes  No

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11. Have you used or visited our main website?

Yes  No

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12. Was this survey useful or helpful?

Yes  No

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