

## How Do You Feel About Your Overall Experience?

Please tick the box next to the face which best represents your feelings.



Comments:.....  
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## About You:

This survey is part of our quality improvement process and we collate results quarterly to review our progress on patient satisfaction and patient experience feedback. If you would like to learn more about these results please write your details below and we will be in touch.

Name:.....

Address: .....

Phone:.....

Email:.....

## About Us:

This survey aims to better understand patient experiences in order to improve the way Global Diagnostics services run.

Feel free to email us any additional feedback or comments to [feedback@globaldiagnostics.ie](mailto:feedback@globaldiagnostics.ie)



Tel 1-800-456225  
Fax (01) 5313425  
[info@globaldiagnostics.ie](mailto:info@globaldiagnostics.ie)  
[www.globaldiagnostics.ie](http://www.globaldiagnostics.ie)

# Tell Us How You're Feeling...

We want to understand what it feels like to attend our clinics.

We invite you to fill in this survey so we can improve our services.

You may complete the form now and put it in the box or post it back to us.

This is a confidential survey and it is your choice whether you would like take part.

Whatever you do, it will not affect your treatment.

*Thanks for your help,  
The Global Diagnostics Team*



How Did You Feel About...?

This page is intended to help you think about how you feel at different stages in your journey through your clinic appointment. Please tick the box next to the face which best represents your feelings at each stage.

Arriving/Check In

Waiting

Your Scan

Clinic Appointment

Information

Leaving



How Can We Make It Better? Please write down what you would like to see improved.

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