



# POST-MASTECTOMY SATISFACTION SURVEY

1) Were you able to schedule a convenient appointment?

- Yes  No  No Appt / Walk-in /Home Visit
- 

2) Overall, were you treated in a friendly and courteous manner by our staff?

- Yes  No  No Appt / Walk-in /Home Visit
- 

3) Respecting your scheduled appointment time, were you seen:

- Before Appointment  On Time  Just after  Long After  No Appt / Walk-in /Clinic
- 

4) How useful were the instructions we provided regarding the use and care your form/bra?

- Very useful  Somewhat useful  Somewhat confusing  I don't remember them
- 

5) If you had any questions, problems or concerns about your *bra and/or form*, were they addressed in a timely manner?

- Yes  No  I had no questions
- 

6) If you had any questions or concerns about your *care*, were they addressed in a timely manner?

- Yes  No  I had no questions
- 

7) Were you instructed about whom to contact if a problem develops?

- Yes  No
- 

8) How satisfied are you with your bra and form?

- Satisfied  Mostly satisfied  Somewhat satisfied  Somewhat dissatisfied  Dissatisfied
- 

9) When you wear your form, do you feel balanced and proportionate?

- Yes  No
- 

10) Are you pleased with your appearance when wearing the prosthesis?

- Very Pleased  Somewhat pleased  Neither pleased nor displeased  
 Somewhat dissatisfied  Completely dissatisfied
- 

11) How comfortable is the bra and form?



- 0  1  2  3  4  5  6  7  8  9  10
- 

12) Please rate your overall satisfaction with the care you received:

- Satisfied  Mostly satisfied  Somewhat satisfied  Somewhat dissatisfied  Dissatisfied
- 

13) Would you recommend us to your friends or family if they were in need of similar services?

- Yes  No  I had no questions
- 

Thank You!

Please use the back of this form for additional comments