

FOX CHASE

CANCER CENTER

333 Cottman Avenue

Philadelphia, PA 19111-2497

2009 MOBILE MAMMOGRAPHY SCREENING PROGRAM SATISFACTION SURVEY

*It is our mission to continually improve the services we provide to our patients.
We would appreciate your comments.*

1. What was your main reason for having a mammogram today?

Yearly mammogram Doctor Recommended Convenience Other

2. Was this your first mammogram?

YES NO

3. Was this your first time using the Fox Chase Cancer Center mobile van?

YES NO

4. How would you rate your overall experience using the Fox Chase Cancer Center mobile mammography van?

Excellent Very Good Average/Good Poor Very Poor

5. Would you use the Fox Chase Cancer Center mobile mammography van again?

YES NO

6. Please list any additional comments you may have (Feel free to use the reverse side of the survey form if necessary).

Date of Screening: _____ Zip Code: _____

Please circle your age group: 35-40 41-50 51-65 65+

If you want me to call you to discuss any issues regarding your experience on the van, please provide your:

Name: _____ Daytime Phone # _____

Thank you for taking the time to fill out this survey.

Linda Torres-Hammell, Director
Mobile Mammography Cancer Screenings
Health Communications and Health Disparities Program

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