

We would be very grateful if you could find time to complete this short questionnaire regarding your personal experience with the services provided at our PET centre. Your feedback helps us constantly improve our services.

Date  Gender of the patient:  Male  Female  Other Age:

Which medical examination did you undergo?  Positron emission tomography PET/CT  Scintigraphy SPECT/CT  I don't know

Did you know the details of your examination beforehand? (the place and time of the examination, duration of the examination, preparation for the examination, course of the examination and measures to be followed after the examination)

Yes  No  Partially

If you marked partially, please indicate which you were not sure about:  Duration of the examination  Course of the examination

Place and time of the examination  Preparation for the examination  Measures after the examination

Were you informed of the examination details directly by our staff?  Yes  No

If you marked no, indicate to whom were the information provided:

How many medical examinations have you had at our centre so far?

Please indicate the level of satisfaction with the examination process

#### Items from the examination process

Mark the answers on a scale from minimum satisfaction (0) to maximum satisfaction (3).

Setting the time of the examination

Waiting time for the examination (on the day of the examination)

Attitude, care and communication of the medical staff before the examination

Attitude, care and communication of the medical staff during the examination

Attitude, care and communication of the medical staff after the examination

Cleanliness and hygiene of our PET centre

Cleanliness and appearance of the CT scan

Security of personal belongings in the dressing room

Parking in the PET centre premises

Availability of food and beverages

Traceability of instructional and informative videos for patients on the biont.sk website

Overall impression of the time spent in our PET centre

Very dissatisfied (0)	Dissatisfied (1)	Satisfied (2)	Very Satisfied (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Did you have an accident in the PET centre premises?

Yes  No

If you answered yes, how did you solve the issue?

What was your experience with accessibility of our PET centre? Did you find us easily?

Yes  No

Were you able to identify the doctor, nurse and orderly?

Yes  No

If you answered NO, would you recommend a more visible labelling (clearer identification) of the medical staff?

Yes  No

What would you describe as positive about our doctors, nurses, and other healthcare professionals?

Suggestions and recommendations to improve our services:

If you agree to be contacted in connection with the questionnaire in order to improve our health care services, please, fill in your contact information.

E-mail

Phone number

The questionnaire was created in accordance with the WHO Patient Safety strategy. Thank you for your time and the information that you provided. The BIONT a.s. Team