

Patient Choice Group  
Radiology  
East Block Level 2  
Norfolk and Norwich University Hospital  
Colney Lane  
NR4 7UY  
E-mail: radiology@nnuh.nhs.uk

**Private & Confidential**

«First\_Name» «Surname»  
«Patient\_Address»  
«Post\_Code»

Date

**Radiology Department Patient Satisfaction Survey**

Dear Patient

We take pride in the service we provide and strive to make the experience for you as straightforward and professional as possible. All aspects of your experience are of interest to us and our aim in conducting this survey is to look at our current practice. So, where necessary we can make improvements based on the feedback we receive from you.

We would be grateful if you could complete the enclosed questionnaire and return it in the pre-paid envelope (you do not need a stamp). We are only collecting the minimum data we require to enable us to understand patient views of the service. Any feedback received will be processed by the Radiology Department and will be kept until the necessary reports have been produced and will then be destroyed accordingly and will only be kept for a maximum of 2 years.

By virtue of us collecting and using only anonymous information i.e. information that does not identify you in any way, we are making sure that any confidentiality and data protection concerns that you may have are not applicable. Your care and treatment therefore cannot be affected in any way since we will not know who has completed the questionnaire.

If you have any further questions about this questionnaire and wish to discuss further, please do not hesitate to contact us on telephone no. 01603 647795.

If you would like to know how the NNUH uses your information, please visit our privacy notice which can be found on our webpage via the following link: <http://www.nnuh.nhs.uk/privacy-notice/>

Thank you very much for your help.

Yours faithfully

**Patient Choice Group**  
**Radiology Department**

**Please retain this covering letter and only return the completed questionnaire to maintain your anonymity.**





**Our Vision**  
To provide every patient  
with the care we want  
for those we love the most

By completing and returning this questionnaire, you are agreeing to participate in this service evaluation

**Questionnaire about the Radiology Department**

**You attended Radiology in «Date» for «Modality».**

How would you rate the following...?	Very good	Good	Average	Poor	Very poor	Don't know	Additional Comments <i>(additional space overleaf)</i>
The condition and cleanliness of the waiting areas and examination room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The directions and signage on display in the Radiology department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The information you received prior to your appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The way the staff communicated with you before, during and after your examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The level of compassion, dignity and respect shown to you throughout your	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

examination?							
The professionalism and helpfulness of the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The opportunity given to you to ask questions about your examination or other aspects of your care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The explanation and instructions given to you by staff throughout your examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The support given to you by staff throughout your examination? <i>(e.g. any mobility needs you may have had / additional support)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The time you had to wait in the department for your examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If there are any comments you would like to add, please use the space below.**

*Thank you for taking the time to answer this questionnaire, your comments are most welcomed. Alternatively, you may contact the hospitals PALS (Patient Advice and Liaison Service) to provide feedback, raise an enquiry or concern, or to ask for advice.*

[pals@nnuh.nhs.uk](mailto:pals@nnuh.nhs.uk)

*The PALS Manager, NNUH, Colney Lane, Norwich, NR4 7UY*

*01603 289036 / 289045*



Approved by: Radiology Clinical Governance Committee  
Authors: Vicky Wickes/Sonia Clegg/  
Review date: VW/SC September 2021

Questions in guidance with CQC KLOE Standards  
Trust Docs ID: 9047      Version 5  
Review Due: September 2022