

# FOX CHASE

## CANCER CENTER

333 Cottman Avenue

Philadelphia, PA 19111-2497

### 2007 MOBILE MAMMOGRAPHY PROGRAM SATISFACTION SURVEY

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

1. What was your primary reason for having a mammogram done on the mobile unit?  
Health Education Seminar  Doctor Recommended  Convenience   
Other  Please explain \_\_\_\_\_
2. Was this your first mammogram?  
YES  NO
3. Was this your first time using the Fox Chase Cancer mobile unit?  
YES  NO
4. Did you find the staff on the mobile unit to be professional?  
YES  NO
5. How would you rate your overall experience using the Fox Chase Cancer Center Mobile Mammography Unit?  
Excellent  Very Good  Average/Good  Poor  Very Poor
6. Would you utilize the mobile unit for another mammogram?  
YES  NO
7. Please list any additional comments you may have. (Feel free to attach another sheet of paper if necessary.)

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Date of Screening(s): \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

If you wish to be contacted by a Fox Chase Cancer Center representative to discuss any issues regarding your experience on the van, please provide:

Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

We thank you for taking the time to fill out this survey.