

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

Which examination did the patient you were accompanying undergo? Positron emission tomography PET/CT Scintigraphy SPECT/CT I don't know

Did you know the details of the patient's examination beforehand? (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

How were you informed of the examination details? By phone From the biont.sk website Other:

Had you accompanied the patient to an examination in our PET centre before? Yes No

Do you consider the PET centre premises sufficiently safe in terms of radiation protection? Yes No

What was your experience with accessibility of our PET centre? Did you find us easily? Yes No

Please indicate the level of satisfaction with the examination process of the patient.

Items from the examination process

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

	Very dissatisfied (0)	Dissatisfied (1)	Satisfied (2)	Very Satisfied (3)
Process of hospital admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude, care, and communication of the PET centre staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness and hygiene in the waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking in the PET centre premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of food and beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traceability of instructional and informative videos for patients on the biont.sk website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall impression of the time spent in our PET centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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