Survey Instrument

Survey Instrument: Performance	Diagnostic/Medical Nuclear Radiologic Physicist

Physicist name:_____

Areas covered by this survey:

- ☐ Diagnostic Imaging
- ☐ Radionuclide Imaging
- ☐ Other_____

To Be Filled Out By Physician Most Familiar With Radiologic Physicist's Work						
	Always	Frequently	Sometimes	Occasionally	Never	NA
I find the physicist's reports helpful to my work	☐	☐	☐	☐	☐	☐
The physicist's recommendations are clear and useful	☐	☐	☐	☐	☐	☐
The physicist is available to help me with my imaging problems	☐	☐	☐	☐	☐	☐
The physicist is available to help me with patient radiation issues	☐	☐	☐	☐	☐	☐
The physicist's reports arrive within 2 weeks of the survey	☐	☐	☐	☐	☐	☐