



## Longwood SAIF Customer Survey Form

Please take a moment to help us improve your experience at the Longwood SAIF. When you're done, please return the questionnaire to:

Eugenia Trabucchi  
Phone: 617-667-6020  
Fax: 617-975-5016  
Email: info@longwoodsaif.org

### Usage Information

How often do you come to Longwood SAIF?

- First time
- Once a week
- Once a month
- 3 or fewer times a month

Which modality(s) do you typically use?

- Fluorescence
- Bioluminescence
- MicroCT
- MicroPET/CT
- NanoSPECT/CT
- Magnetic Resonance Imaging
- Computer Analysis

### Facility Imaging Modalities

How would you rate our equipment's capabilities?

- Excellent
- Good
- Fair
- Poor

Were you satisfied with the data generated?

- Always
- Most of the time
- Sometimes
- Never

### Service and Environment

How would you rate your experience at the facility?

- Excellent
- Good
- Moderate
- Poor

How would you rate the staff?

- Excellent
- Good
- Moderate
- Poor

Was the estimated experiment time close to the actual experiment time?

- Yes
- No

Was the facility clean?

- Yes
- No

### Additional Comments

---



---



---



---

### About You (optional)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

**Thank you!**