

# Cardiovascular Consultants of Carroll County

## Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: \_\_\_\_\_

Date: \_\_\_\_\_

Your Sex:

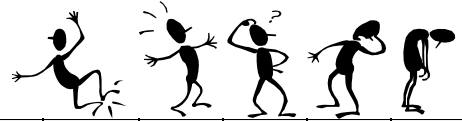
Male \_\_\_\_\_

Female \_\_\_\_\_

What type of service did you receive at our office: Echo, Nuclear Stress Test, Event Monitor, Consultation, Other \_\_\_\_\_



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b>Ease of getting care:</b>					
Making an appointment	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
<b>Waiting:</b>					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for test results	5	4	3	2	1
<b>Staff:</b>					
<b>Provider:</b>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<b>Medical Assistants:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<b>All Others:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Checking In	5	4	3	2	1
Checking Out	5	4	3	2	1
<b>Facility:</b>					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
<b>The likelihood of referring your friends and relatives to us:</b>	5	4	3	2	1

What do you like best about our center? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you like least about our Center? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suggestions for improvement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thank you for completing our Survey!**