CARDIAC CATHETERIZATION LAB PATIENT SATISFACTION SURVEY
(PAGE 1 OF 4)

SHARE YOUR OPINION

PRA Statement: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this consent form will average 8 minutes. This includes the time it will take to read information provided and gather the necessary facts to fill out the form. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

We want your help! Your answers to the following questions will be a critical part of the service quality and improvement for our department. We continue to strive for excellence when providing your medical care, so your honest responses are appreciated. The information that you provide will be completely anonymous.

We would like for you to “RATE” your most recent experience in our Cath Lab by CHOOSING your level of SATISFACTION. We appreciate your assistance and THANK YOU AGAIN!

PLEASE “CIRCLE” YOUR RESPONSE:

Are You?   ☐ New Patient  ☐ Return Patient
Gender?    ☐ Male      ☐ Female
Age?       ☐ 31-40     ☐ 41-50     ☐ 51-60     ☐ 61-70     ☐ Over 70
Race/Ethnicity?  ☐ White/Caucasian    ☐ Black/African
                 ☐ American       ☐ Asian
                 ☐ Am Indian/Alaskan Native ☐ Hispanic or Latino
Are you employed?  ☐ Yes      ☐ No
Are you retired?   ☐ Yes      ☐ No
You are a patient of?  ☐ Dr. Bosede Afolabi, MD, FHR S  ☐ Dr. Jigar Patel, MD
                      ☐ Dr. Siva Gummadi, MD, FACC  ☐ Dr. Srisha Rao, MD, FACC
                      ☐ Dr. Vijaya Koka, MD, FACC  ☐ Dr. Prem Singh, MD, FACC, FSCAI
                      ☐ Dr. Jayanth Koneru, MD  ☐ Dr. Kalpesh Slolanki, DO, FACC
                      ☐ Dr. Hima Mikkilineni, MD, FACC  ☐ Dr. Paul Urban, MD, FACC, FSCAI
Length of travel for procedure today?  ☐ 1-5  ☐ 5-10  ☐ 11-20
                      ☐ 21-30  ☐ 31-40  ☐ 41 or more miles
Length of wait for procedure?  ☐ Less than 2 weeks  ☐ 2-3 weeks  ☐ 3-4 weeks
                      ☐ 4-5 weeks  ☐ 5-6 weeks  ☐ 6 weeks or more
BEFORE YOUR PROCEDURE

Please “Circle” your level of satisfaction. (5 = Very Satisfied)

My level of satisfaction is:

Distance from parking lot to lobby 1 2 3 4 5
Ease of check in 1 2 3 4 5
Your wait time in the lobby 1 2 3 4 5
Freindliness of staff greeting you 1 2 3 4 5
Education information given to you and your family 1 2 3 4 5
Opportunity to ask questions 1 2 3 4 5

PREPARING YOU IN OUR HOLDING AREA

PLEASE “CHOOSE” YOUR LEVEL OF SATISFACTION

My level of satisfaction is 1 2 3 4 5
Instructions on undressing and gowning 1 2 3 4 5
Level or privacy 1 2 3 4 5
Level of comfort 1 2 3 4 5
Informed consent and explanation of your procedure 1 2 3 4 5
Opportunity to meet the physician 1 2 3 4 5
Cleanliness of holding area 1 2 3 4 5
Opportunity to see your family before procedure 1 2 3 4 5
**CARDIAC CATHETERIZATION LAB PATIENT SATISFACTION SURVEY**  
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**DURING YOUR PROCEDURE**

Please **“Circle” your level of satisfaction.** *(5 = Very Satisfied)*

<table>
<thead>
<tr>
<th>Aspect</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Temperature of the room</td>
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<td>Cleanliness of the room</td>
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<td>Explanation while preparing you on the procedure table</td>
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<td>Your level of comfort with the medication we gave you</td>
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<td>Level of attention you received</td>
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<td>Level of professionalism of the staff</td>
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<tr>
<td>Level of professionalism of the physician</td>
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<td>Length of procedure</td>
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**AFTER YOUR PROCEDURE**

Please choose your level of satisfaction.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Physician explanation of results of procedure</td>
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<td>Staff response to your questions</td>
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<td>Courtesy and respect you were given</td>
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<td>Explanation of follow up or other options to treatment</td>
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<td>Discharge information</td>
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</table>
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Level of pain upon discharge
1 2 3 4 5

Opportunity to visit family and friends
1 2 3 4 5

Satisfaction of procedure from start to finish
1 2 3 4 5

If you could change anything, what would you do to improve Cath Lab services for patients?
________________________________________
________________________________________
________________________________________
________________________________________

What did you like least about the procedure?
________________________________________
________________________________________
________________________________________
________________________________________

What did you like most about the procedure?
________________________________________
________________________________________
________________________________________
________________________________________

Would you recommend the Nursing Staff to other Patients? Yes  No
☐ ☐

Would you recommend the Physician to other Patients? Yes  No
☐ ☐

Would you recommend this Cath Lab to other Patients? Yes  No
☐ ☐