



CARDIAC CATHETERIZATION LAB PATIENT SATISFACTION SURVEY

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

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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 quesstions	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

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DURING YOUR PROCEDURE

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

My level of satisfaction is:

Temperature of the room	1	2	3	4	5
Cleanliness of the room	1	2	3	4	5
Explanation while preparing you on the procedure table	1	2	3	4	5
Your level of comfort with the medication we gave you	1	2	3	4	5
Level of attention you received	1	2	3	4	5
Level of professionalism of the staff	1	2	3	4	5
Level of professionalism of the physician	1	2	3	4	5
Length of procedure	1	2	3	4	5

AFTER YOUR PROCEDURE

Please choose your level of satisfaction.

My level of satisfaction is

Physician explanation of results of procedure	1	2	3	4	5
Staff response to your questions	1	2	3	4	5
Courtesy and respect you were given	1	2	3	4	5
Explanation of follow up or other options to treatment	1	2			
Discharge information	1	2	3	4	5

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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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you recommend the Physician to other Patients? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you recommend this Cath Lab to other Patients? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |