

PATIENT SURVEY FORM

CVG invites you to participate in the following survey questions about your most recent experience with CVG, regardless of which CVG office you visited. This survey was developed so CVG can improve our services to you. We will use the results of this information to identify the best clinical practices and patient preferences to improve quality of care and clinical performance.

Your information is strictly anonymous and private. Our ultimate goal is to promote the development and implementation of quality standards for the diagnosis and treatment of heart disease which will greatly benefit our patients.

1. What is your age? 20 to 29 30 to 39 40 to 49 50 to 59
 60 to 69 70 to 79 80 Years or Older

2. How would you rate the courtesy provided by this office?
 Very friendly and accommodating Not very friendly and accommodating
 Somewhat friendly and accommodating Not at all friendly and accommodating

3. When you arrive at our office for your appointment, how long do you usually have to wait in the waiting room before you are taken to an exam room?
 Less than 10 minutes 11 - 15 minutes 16 - 30 minutes
 More than 30, but less than 45 minutes More than 45 minutes but less than an hour
 More than 1 hour

4. Once in the exam room, how long do you usually wait before the Doctor comes in to see you?
 Less than 10 minutes 11 - 15 minutes 16 - 30 minutes
 More than 30, but less than 45 minutes More than 45 minutes but less than an hour
 More than 1 hour

5. When calling for medical information or advice, how long does it usually take for this Doctor's office to return your call during office hours?
 Less than 1 hour More than 1 hour but less than 4 hours
 More than 4 hours but less than 7 hours More than 7 hours but less than 24 hours
 Not applicable / never called for information or advice
 24 hours or more Never return your call

**Please complete form. Once completed, select the "Send Button".
 Please be sure to attach the completed form to your email.**

SEND

6. Please rate your overall satisfaction with your ability to access care as a CVG patient.

- Extremely satisfied Very satisfied Satisfied
 Not very satisfied Not at all satisfied

7. Please rate this Doctor's Office Staff on the following:

a. The friendliness and courtesy they show you.

- Excellent Very Good Good Fair Poor N/A

b. Making you feel valued and important during your visit.

- Excellent Very Good Good Fair Poor N/A

c. The attention given to your privacy.

- Excellent Very Good Good Fair Poor N/A

d. Your ability to get through on the telephone or email.

- Excellent Very Good Good Fair Poor N/A

e. How helpful they are in arranging appointments with the Doctor?

- Excellent Very Good Good Fair Poor N/A

f. Providing you with easy access to the Doctor when needed?

- Excellent Very Good Good Fair Poor N/A

8. Please rate this Doctor's Nurse on the following:

a. The professionalism of the nurse.

- Excellent Very Good Good Fair Poor N/A

b. Reassurance and support offered by the Nurse.

- Excellent Very Good Good Fair Poor N/A

c. The amount of time the Nurse spends with you.

- Excellent Very Good Good Fair Poor N/A

d. The technical skills of the Nurse.

- Excellent Very Good Good Fair Poor N/A

e. How knowledgeable the Nurse is in answering questions?

- Excellent Very Good Good Fair Poor N/A

9. Please rate the Doctor on the following:

a. The amount of time the Doctor spends with you.

Excellent Very Good Good Fair Poor N/A

b. The thoroughness in which the Doctor examines you.

Excellent Very Good Good Fair Poor N/A

c. Allowing you to fully explain how you are feeling.

Excellent Very Good Good Fair Poor N/A

d. How well the Doctor listens to what you have to say.

Excellent Very Good Good Fair Poor N/A

e. The friendliness and courtesy the Doctor shows you.

Excellent Very Good Good Fair Poor N/A

f. The professional manner of the Doctor.

Excellent Very Good Good Fair Poor N/A

g. Reassurance and support offered to you by the Doctor.

Excellent Very Good Good Fair Poor N/A

h. How well the Doctor explains the purpose, dosage and side effects of medication prescribed.

Excellent Very Good Good Fair Poor N/A

i. How promptly the office follows up with you to give you the results of the tests your Doctor ordered.

Excellent Very Good Good Fair Poor N/A

j. How well the Doctor explains test results, treatment procedures, and makes recommendations.

Excellent Very Good Good Fair Poor N/A

k. How well the Doctor explains information regarding your surgery.

Excellent Very Good Good Fair Poor N/A

10. If you saw a Specialist, how long did it take to get in for your first appointment?

Less than a week 1-2 weeks 3-4 weeks 1 month or more

Not applicable - I am evaluating a primary care Doctor.

11. Did you have a surgical procedure performed by the specialist you are evaluating today? Yes No

12. How would you rate how well the Doctor and his staff coordinated this surgical experience for you, for example explaining pre and postoperative expectations, scheduling the surgical procedure and tests, and follow-up with care in the office after the procedure?

- Extremely well Very well Somewhat well Not too well Not well at all

13. How would you rate your overall satisfaction with the Doctor you have evaluated today?

- Extremely satisfied Very satisfied Satisfied Not very satisfied Not at all satisfied

14. Would you refer someone close to you to the physician you've evaluated today?

- Extremely likely Very likely Somewhat likely Not too likely Not at all likely

15. Please tell us what you liked best about this physician's practice.

16. What would you like to see this physician change or improve to deliver a better overall experience to you?

17. Do you have any additional comments? All comments are anonymous. Your name is not associated with these comments or any of your answers in this questionnaire. Please list any additional comments below.
