

# Cardiac Rehabilitation

## Patient Satisfaction Survey

Your comments and concerns are very important to us. Please take a moment to fill out this satisfaction survey and return it so that we may work to provide the best program possible.

Please circle the number that corresponds to your rating of the program.

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	Not Applicable
<b>A. Facility and Administration</b>						
1. All the staff provided an appropriate level of customer service.	5	4	3	2	1	NA
2. The program orientation provided all the information needed to begin rehabilitation.	5	4	3	2	1	NA
3. The facilities are clean and safe.	5	4	3	2	1	NA
4. Please rate the overall care you received during the program.	5	4	3	2	1	NA
<b>B. Exercise Program</b>						
1. The exercise program has improved my ability to return to normal daily activity.	5	4	3	2	1	NA
2. The exercise prescription was clearly explained.	5	4	3	2	1	NA
3. The exercise prescription was progressed at an appropriate rate.	5	4	3	2	1	NA
4. The exercise staff was knowledgeable and motivated me to exercise.	5	4	3	2	1	NA
<b>C. Education Program</b>						
1. The education program was effective in teaching me new information and reinforced information I already knew.	5	4	3	2	1	NA
2. The instructor(s) presented the education material with enthusiasm.	5	4	3	2	1	NA
3. The instructor(s) were knowledgeable and well prepared to present education material.	5	4	3	2	1	NA
4. The education sessions covered all necessary information and answered my questions.	5	4	3	2	1	NA
<b>D. Counseling Program</b>						
1. The rehabilitation program encouraged me to take my medications as prescribed.	5	4	3	2	1	NA
2. The rehabilitation program encouraged me to start or continue a regular stress management program.	5	4	3	2	1	NA
3. The rehabilitation program encouraged me to follow a healthy diet.	5	4	3	2	1	NA
4. The rehabilitation program encouraged me to become or continue to remain free of tobacco.	5	4	3	2	1	NA