

Patient Satisfaction Survey

Your feedback will help us to improve our services to our patients. Below are a number of questions about your recent visit to MonashHeart. Please answer each question by marking the box that best indicates your opinion.

Please indicate which site you attended. **MonashHeart Site:** Casey Clayton Dandenong

The service you received (mark one box only)

- | | | | | | |
|--|---|-------------------------------------|-------------------------------|---|---|
| <input type="checkbox"/> Holter / ECG BP/ Loop | <input type="checkbox"/> Exercise Stress Test | <input type="checkbox"/> Cardiac CT | <input type="checkbox"/> Echo | <input type="checkbox"/> Pacemaker EPS / Ablation ICD | <input type="checkbox"/> Angiogram / Angioplasty / Closure or Valve procedure |
|--|---|-------------------------------------|-------------------------------|---|---|

A. Arranging your test Poor Average Good Excellent

How would you rate:

- | | | | | |
|--|----------------------------------|----------------------------------|---------------------------------|--------------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. The arrangement of your appointment (comment below if req.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Clarity of instructions provided prior to visit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Courtesy of reception staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Waiting time for your test / procedure to be done on the day. | <input type="checkbox"/> >15mins | <input type="checkbox"/> <10mins | <input type="checkbox"/> <5mins | <input type="checkbox"/> Immediately |

B. Facility Poor Average Good Excellent

How would you rate:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Ease of finding a car park | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ease of finding MonashHeart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Comfort / ambience of our waiting room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cleanliness of MonashHeart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Your test Poor Average Good Excellent

How would you rate

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Overall care you received from staff providing the test / procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Explanations from the staff about your test / procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Comfort of the area where you received your test / procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cleanliness of the area where you received your test / procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Precautions taken to protect your safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. Your comments – please provide any additional comments below. Please note if you wish to make a complaint or a compliment please use our Southern Health consumer feedback form.

Thank you for your time.