

**Customer Satisfaction Survey**

**1. Would you recommend our Out-Patient Department to friends and family if they needed similar care or treatment?**

Yes      No

**2. Did you find the information leaflet you received prior to your appointment useful?**

Very useful      Slightly useful      Not useful      Did not receive a leaflet

Comments:

**3. Was there any more information you would have liked before coming to the hospital?**

**4. How easily did you find the department?**

Very easily      Easily      Difficult      Very difficult

**5. How would you rate the courtesy of the staff members during your time in the Outpatients Department?**

Excellent      Very Good      Good      Fair      Poor

**6. Were you satisfied with the time you had to wait to be seen once you had arrived for you appointment?**

Very Satisfied      Satisfied      Adequate      Dissatisfied      Very Dissatisfied

**7. How would you rate the professionalism of the Echocardiographer during your appointment?**

Excellent      Very Good      Good      Fair      Poor

**8. Overall, do you feel you have been treated with respect and dignity throughout the procedure?**

Yes      No

**9. Were you told how and when then results of your appointment would be made available to you?**

Yes      No

**10. How would you rate the patient facilities (tea/coffee/water/ toilets etc.) during your visit?**

Excellent      Very Good      Good      Fair      Poor

Comments:

**Please use the space below of any further details which could help to improve our service.**



Thank you for taking the time to complete this survey, your feedback is extremely important to allow us to continually improve our service.

