



Thank you for participating in our screening program. Your feedback is important to us in ensuring ongoing success. Please complete the following survey so that we may continue to provide the best program possible.

**Overall Rating:**

Please circle the number that best corresponds to your experience at the Heart Center for Women.

**5- Excellent      4-Good      3- Satisfactory      2- Needs Improvement      1- Unacceptable**

**Use the same scale to rate the following aspects of your visit:**

**Registration/Facilities:**

Scheduling/registration process                      5 4 3 2 1  
 Location and accessibility of the Center            5 4 3 2 1  
 Comfort of the facility                                    5 4 3 2 1

**Screening Process:**

History and Physical Exam components            5 4 3 2 1  
 Echo and Vascular components                      5 4 3 2 1  
 Analysis and Interpretation of Data                5 4 3 2 1  
 Educational Materials                                    5 4 3 2 1

**Summary:**

Would you recommend this program to your friends/family? \_\_\_\_\_

What was your motivation to seek a cardiovascular screening program? \_\_\_\_\_

How did you hear about the Heart Center for Women? \_\_\_\_\_

What, if anything, about your visit to Saint Joseph's Heart Center for Women especially pleased you? \_\_\_\_\_

What, if anything, about your visit to Saint Joseph's Heart Center for Women especially disappointed you? \_\_\_\_\_

**OTHER COMMENTS:**

Additional Comments/Suggestions:

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Thanks Again!