

Heart Patient Service Feedback

This survey is designed to provide specific feedback on the quality of care you received as a patient with heart problems. The purpose of the survey is to improve the information, support, and treatment, patients with heart problems receive.

Before attending hospital

Q1. In the month before you attended hospital for treatment were you smoking?

Every day

Some days

Not at all

Q2. In the month before you attended hospital, were you told by your doctor that your cholesterol level was high?

Yes

No

Q3. Please describe your weight before you entered hospital

Underweight

Overweight

About right for my height

Seriously overweight

While in hospital

Q4. Was your heart problem explained clearly to you?

Yes

No

Unclear

Q5. Did you understand what the treatment you were receiving was for?

Yes

No

Unclear

Q6. Which of these did the hospital tell you to do when you left hospital?

Exercise

Reduce your calorie intake

Change your diet

Take specific prescribed medication

Other

Q7. Which of these have you actually carried out and maintained since leaving hospital?

Exercise

Reduce calorie intake

Change your diet

Take specific prescribed medication

Other

Q8. Has your cholesterol reduced?

Yes

No

Q9. Have you reduced your smoking habits?

Yes

No

Do not smoke

Q10. Which of these have you done since leaving hospital?

Regular check up with doctor

Attended rehabilitation clinic