

Customer Satisfaction Survey



Dear Customer,

Thank you for taking a few minutes to complete this survey about the service that you received in your recent visit to the Cambridge Heart Clinic. We are committed to improving our service and your feedback is greatly appreciated in this respect. Please be reassured that all answers are anonymous.

1. How satisfied were you with the car parking facilities?

Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How well were you treated by our staff?

	Very Well	Well	Neither	Poorly	Very Poorly
Receptionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How satisfied were you with the cleanliness of the Heart Clinic?

Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If applicable, how satisfied were you with the catering services?

Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How satisfied were you with the waiting room facilities?

Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Overall, how satisfied were you with the Heart Clinic?

Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Would you recommend our Heart Clinic to a relative or friend?

Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Any further comments

Please help our analysis by providing some basic information about yourself. (Optional)

Name: _____ Date of visit: **DD / MM / YYYY**

How did you hear about the Cambridge Heart Clinic?

GP	<input type="checkbox"/>
Friend / Relative	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/> _____