

Cardiovascular Institute of Michigan

Patient Experience/Satisfaction Survey

At **Cardiovascular Institute of MI**, we strive to provide a positive patient experience. As a valued patient, your feedback is very important to help us provide the best possible healthcare services.

Please complete this brief survey. All responses are confidential, so please let us know what you think.

Physician Name: _____

Place a check in the box under your response to the statements below.	Strongly Agree	Agree	Disagree	Not Applicable
The staff was helpful and polite				
I was able to get an appointment within a reasonable time frame.				
It was easy to reach the office by telephone.				
My doctor or staff asked me about my health goals or goals related to caring for my condition.				
My doctor or staff provided me with information or ways to better take care of my health or condition.				
My concerns and questions were answered by the doctor or staff.				
My doctor or staff explained to me what I had to do to keep healthy or to take care of my condition				
The office is clean and comfortable.				
Overall, I am satisfied with the service I received				
I would recommend this practice to a friend.				

Additional Comments: _____
 Thank you for filling out this survey.