



Cardiovascular Rehabilitation Services Patient Satisfaction Survey

Date: _____ Site: _____

Program Evaluation				
On a scale of 1 - 4 please rate the following	Poor	Fair	Good	Excellent
Wait time before starting cardiac rehabilitation	1	2	3	4
Duration of the program (6 months)	1	2	3	4
Program facilities (accessible, clean, functional)	1	2	3	4
Professionalism and knowledge displayed by program staff	1	2	3	4
Access to additional resources (dietitian, social worker, etc.)	1	2	3	4
Helpfulness of program volunteers	1	2	3	4
Content of weekly in-class education sessions	1	2	3	4
Content of educational handouts	1	2	3	4
Overall program satisfaction	1	2	3	4
Personal Achievements				
On a scale of 1 - 4 please rate the following	N/A	Unsatisfied	Somewhat Satisfied	Satisfied
Improvement in exercise endurance	1	2	3	4
Improvement in ability to perform activities of daily living	1	2	3	4
Improvement in self-confidence	1	2	3	4
Improvement in knowledge of how to modify risk factors for cardiovascular disease	1	2	3	4
Improvement in satisfaction of social activities	1	2	3	4
Improvement in satisfaction of recreational activities	1	2	3	4
Change in Cardiovascular Disease Risk Factors				
On a scale of 1 - 4 please rate the following	N/A	Unsatisfied	Somewhat Satisfied	Satisfied
Waist measurement	1	2	3	4
Cholesterol	1	2	3	4
Diabetes	1	2	3	4
Blood pressure	1	2	3	4
Eating habits and dietary intake	1	2	3	4
Smoking	1	2	3	4
Stress and coping behaviours	1	2	3	4
Active Lifestyle	1	2	3	4

Please make any additional comments and/or suggestions below:

Thank you for taking the time to complete this survey. Please return to your exercise therapist or program secretary. If you prefer, it can be submitted in a sealed envelope, or mailed to our office.

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