

**Patient Details (Optional):**

Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

**1. Appointment Experience**

- How easy was it to schedule your appointment?  
 Very easy  Easy  Neutral  Difficult  Very difficult
- Was your appointment time convenient?  
 Yes  No
- How long did you wait before your procedure?  
 <15 min  15–30 min  30–60 min  >60 min

**2. Staff Interaction**

- How would you rate the friendliness and professionalism of the staff?  
 Excellent  Good  Fair  Poor
- Did the staff clearly explain the procedure to you?  
 Yes, completely  Somewhat  No
- Did you feel comfortable asking questions?  
 Yes  No

**3. Procedure Experience**

- Were you given clear instructions before the echocardiogram?  
 Yes  No
- How comfortable were you during the procedure?  
 Very comfortable  Comfortable  Neutral  Uncomfortable
- Was your privacy respected?  
 Yes  No

**4. Environment & Facilities**

- How would you rate the cleanliness of the facility?  
 Excellent  Good  Fair  Poor
- How comfortable was the examination room?  
 Very comfortable  Comfortable  Neutral  Uncomfortable

**Thank you for your feedback!**

Your responses help us improve patient care and service quality.