

The Miriam Hospital Cardiac & Pulmonary Rehabilitation

PROGRAM EVALUATION

DATE: _____ TOTAL _____

Your honest evaluation, comments, and concerns are very important to us and will assist us with the ongoing improvement of our program. Please help us to provide the highest quality of care!

Please indicate (by circling the appropriate number) whether you agree or disagree to the following statements.

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Enrollment and Facility					
1. I was registered and scheduled to start the program in a timely manner.	1	2	3	4	5
2. The exercise area, locker rooms, and equipment were clean and well-maintained.	1	2	3	4	5
3. The office staff was friendly and professional.	1	2	3	4	5
4. The staff was concerned about my safety.	1	2	3	4	5

Additional comments or suggestions regarding your **enrollment** or the **facility**:

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Exercise					
5. My exercise program progressed at an appropriate rate.	1	2	3	4	5
6. My exercise program and the instructions for operating the equipment were clearly explained to me.	1	2	3	4	5
7. The exercise program has improved my strength and endurance as well as my ability to perform daily activities.	1	2	3	4	5
8. The staff was knowledgeable about physical activity and motivated me to exercise.	1	2	3	4	5

Additional comments or suggestions regarding the **exercise component**:

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Education					
9. The educational sessions were informative and personally beneficial.	1	2	3	4	5
10. I gained the knowledge and tools needed to live a healthier lifestyle.	1	2	3	4	5
11. The instructors were knowledgeable and well prepared to teach the education classes.	1	2	3	4	5
12. The educational sessions were informative, answered my questions, and addressed my concerns.	1	2	3	4	5

Additional comments or suggestions regarding the **education component**:



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	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Behavioral Counseling and Nutrition					
13. I found the behavioral therapist informative and helpful.	1	2	3	4	5
14. I found the nutritionist informative and helpful.	1	2	3	4	5
15. The staff encouraged me to meet with the behavioral therapist and/or nutritionist.	1	2	3	4	5
16. The rehab program helped me to adjust to and manage my illness.	1	2	3	4	5

Additional comments or suggestions regarding the **behavioral counseling and nutrition**:

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Overall					
17. My privacy and confidentiality was respected at all times.	1	2	3	4	5
18. I accomplished my goals and feel physically and emotionally ready for graduation from the program.	1	2	3	4	5
19. I enjoyed participating in the support groups with others with similar medical conditions.	1	2	3	4	5
20. I would recommend this program to others.	1	2	3	4	5

How did you hear about the rehabilitation program?

What could the program staff offer to improve your attendance in rehab?

What could the staff discuss or communicate that would make it easier for you during the program?

Who recommended that you attend the rehab program?

List the qualities of the program and/or staff that you liked or disliked:

Did you speak with the Patient Ambassador during your rehab classes? Yes No

How helpful did you find them? Not very helpful Somewhat helpful Helpful Very Helpful

Circle the component(s) in which the patient ambassador was most helpful:

- Eased your transition into Cardiac Rehab
- Provided peer support and sharing of experiences
- Provided encouragement regarding the utilization of support services (psychologist /dietician/events)
- Encouraged long term health goals at discharge from cardiac rehab

Additional comments or suggestions:



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If you would like to be contacted about any concerns or comments you provided in this survey, please provide your name and phone number and a staff member will contact you.

Name (Optional)

Phone Number (Optional)