

Fetal Cardiology Service Patient Feedback

Please circle which clinic you attended-

Tues

Thurs

1. How many days or weeks was it between being referred to the clinic and being seen?

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(please state days or weeks)

2. Do you feel this was (please circle)

a. Too short notice

b. Just right

c. Too long to wait

3. Did you receive a leaflet outlining the scan prior to the appointment?

a. Yes

b. No

4. Did you feel fully prepared for the fetal cardiology scan? (please circle)

a. Yes fully

b. Somewhat prepared

c. Not prepared

Any comment

5. Was the clinic environment comfortable i.e. enough waiting space, privacy maintained, comfortable temperature, etc?

a. Yes

b. No

If no, please comment

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6. Did you find the time spent with the fetal cardiologist (please circle)

a. Too little

b. Just right

c. Too much

Please comment.....

7. Did you find the consultant friendly and approachable in their manner?

- a. Always
- b. Frequently
- c. Seldom
- d. Never

8. Did you find the time spent with the Children's Heart Nurse Specialist (please circle)

- a. Too little
- b. Just right
- c. Too much

Please comment.....

9. Did you find the Children's Heart Nurse Specialist friendly and approachable in their manner?

- a. Always
- b. Frequently
- c. Seldom
- d. Never

10. How did you find the information you were given by the team?

- a. Information was just right
- b. Not enough information
- c. Too much information or confusing information

11. If we could change one thing for the better about our service, what would you suggest?

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Thank you for providing your feedback