

Patient feedback form

As a patient recently fitted with the latest generation Holter from Cardiac Monitoring Service, we would love to hear more about your experience to further improve our services.

Date of visit: _____ / _____ / _____

Are you aged 18 or over? Yes No

Have you had a Holter monitor fitted previously? Yes No

If so, which Holter did you prefer? CMS Holter Previous Holter Neither

Please tick the relevant box

	1 Poor	2	3	4	5 Very good
a. Comfort of the Holter	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Ease of double tapping to mark symptoms	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Ability to get on with daily activities/normal routine whilst wearing the monitor	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d. Waterproof aspect of the monitor i.e. ability to shower	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Patient instructions / information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Overall experience	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please add any further comments in relation to your visit
