**Discharge Evaluation Form for Heart Failure Patients**

Dear Patient

The nursing team would welcome your feedback from your experience of our service. We value your opinion and comments to help us to continue to improve and shape our service for patients like you in the future.

1. What was your overall opinion of this service? (Please tick)

|  |  |
| --- | --- |
| **Excellent** |  |
| **Good** |  |
| **Fairly Good** |  |
| **Bad** |  |
| **Very Bad** |  |

**Comments:**

1. In terms of days and times did the service offered meet your needs? (Please tick)

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

**If No please provide comments:**

1. What did you find most useful about the service? Please number in order of preference: **1 being Most Important and 5 being Least Important**

|  |  |
| --- | --- |
| Medical knowledge about your condition |  |
| Learning about self-managing your symptoms |  |
| Psychological support regarding your condition |  |
| Access and Convenience |  |
| General support with your medical condition |  |

1. Were you able to contact your Heart Failure nurse without any difficulty? (Please tick)

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

**If No please give a reason why:**

1. Was the literature information sufficient? (Please tick)

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

**If No what would you have liked:**

1. Do you have any suggestions on how the service can be improved?

**Thank you for your feedback, it is much appreciated.**

**Please return to Community Heart Failure service:**

**The Poynt  
Units 2-3 Poynters Road   
Luton  
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