1. After your procedure, did you experience any: (Mark with an "X" on line-graph)

   - CHEST PAIN
   - LUMPS or SWELLING
   - PROCEDURE SITE PAIN
   - BLEEDING
   - PROCEDURE LEG PAIN
   - NUMBNESS

   None  Mild  Moderate  Severe

2. Did you have to return to your physician because of procedure related problems?  YES  NO
   If "YES", describe: ________________________________________________________

3. Were you made to feel at ease during your procedure?  YES  NO

4. Were your pre-procedure instructions helpful?  YES  NO

5. Were your post-procedure instructions helpful?  YES  NO

6. How would you rate your Cardiac Catheter Lab care? (Mark with an "X" on line-graph)

   WORST  BEST
   0  1  2  3  4  5
   CATH LAB CARE

   Additional Comments: ______________________________________________________

7. Is there anything else you want to relate about your experience?

   CONCERN / COMPLAINT  WHO DID CALLER NOTIFY
   ______________________________________________________
   ______________________________________________________

8. Indicate if patient was reached on 1st or 2nd attempt, if patient couldn't be reached, if patient was referred to an MD for problems, etc:

   OUTCOME OF (ATTEMPTED ) COMMUNICATION WITH PATIENT  DATE / TIME

   RN SIGNATURE / TITLE:  DATE:

DATA COLLECTION SHEET - Not Permanent Part of Chart