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| **Sleep Medicine**50 Smith street Charlestown |  |

Please take the time to complete the following Patient Satisfaction Survey regarding your appointment with SleepMedicine. Your time and comments are greatly appreciated.

Patient Satisfaction Survey/Portable Home Study

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility | Date:  |  |  Test: |  |
| Charlestown Clinic/ Maitland Lab | [Date] |  |  Portable Home study. |  |

# How satisfied were you with the ease of booking your appointment?

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied |[ ]  Somewhat satisfied |[ ]  Satisfied |[ ]  Very satisfied |

## Please comment.

|  |
| --- |
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|  |

# How satisfied were you with the information you received prior to your appointment?

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied |[ ]  Somewhat satisfied |[ ]  Satisfied |[ ]  Very satisfied |

## Please comment.

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|  |

## **How satisfied were you with the facility where your appointment took place?**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied |[ ]  Somewhat satisfied |[ ]  Satisfied |[ ]  Very satisfied |

## Please comment

|  |
| --- |
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|  |

## **How satisfied were you with the helpfulness and knowledge of the staff?**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied |[ ]  Somewhat satisfied |[ ]  Satisfied |[ ]  Very satisfied |

## Please comment.

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## **How satisfied were you with the information given to set yourself up for your home study?**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied |[ ]  Somewhat satisfied |[ ]  Satisfied |[ ]  Very satisfied |

## Please comment.

|  |
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|  |
|  |

## **How satisfied were you with the follow up service and help you received after your appointment?**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied |[ ]  Somewhat satisfied |[ ]  Satisfied |[ ]  Very satisfied |

## Please comment.

|  |
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|  |

## **Would you recommend Sleep Medicine to others?**

|  |  |
| --- | --- |
|[ ]  Yes |[ ]  No |

## Please comment.

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**We would love to hear any additional comments you have regarding your experience:**

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|  |

**If you are happy for a staff member to call or write to you, regarding your valued comments please write your name and preferred contact details in the box below:**

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| --- |
|  |