|  |  |
| --- | --- |
| **Sleep Medicine**Warners Bay Private Hospital and Maitland Private Hospital. |  |

Please complete the following Patient Satisfaction Survey regarding your sleep study with Sleep Medicine. Your time and comments are greatly appreciated.

Patient Satisfaction Survey/Sleep Study

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility | Date:  |  | Test: Please circle one option |  |
| Warners Bay Private/Maitland Private | [Date] |  | Sleep Study / CPAP titration/ Day Test MSLT/MWT/ Split study |  |

# I was provided with clear instructions prior to my sleep study.

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat satisfied (2) |[ ]  Satisfied (3) |[ ]  Very Satisfied (4) |

## Please comment

|  |
| --- |
|  |
|  |

# What was going to happen during the study was explained to me.

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat satisfied (2) |[ ]  Satisfied (3) |[ ]  Very Satisfied (4) |

## Please comment

|  |
| --- |
|  |
|  |

## **All my questions were answered to my satisfaction.**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat Satisfied (2) |[ ]   Satisfied (3) |[ ]  Very Satisfied (4) |

## Please comment

|  |
| --- |
|  |
|  |

## **The staff responded and assisted me if I needed them.**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat Satisfied (2) |[ ]  Satisfied (3) |[ ]  Very Satisfied (4) |

## Please comment

|  |
| --- |
|  |
|  |

## **The room was clean and comfortable.**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat Satisfied (2) |[ ]  Satisfied (3) |[ ]  Very Satisfied (4) |

## Please comment

|  |
| --- |
|  |
|  |

## **The room was quiet during my sleep.**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat Satisfied (2) |[ ]  Satisfied (3) |[ ]  Very Satisfied (4) |

## Please comment

|  |
| --- |
|  |
|  |

**7. How CPAP works was explained to me.**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat Satisfied (2) |[ ]  Satisfied (3) |[ ]  Very satisfied (3) [ ]  Not Applicable (5) |

## Please comment

|  |
| --- |
|  |
|  |

**8. The mask was tested on me before sleep.**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat Satisfied (2) |[ ]  Satisfied (3) |[ ]  Very Satisfied (3) [ ]  Not Applicable (5) |

## Please comment

|  |
| --- |
|  |
|  |

**9. I was provided with clear instructions upon leaving.**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied(1) |[ ]  Somewhat Satisfied (2) |[ ]  Satisfied (3) |[ ]  Very Satisfied (4) |

## Please comment

|  |
| --- |
|  |
|  |

**10. How would you rate your overall experience?**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Unsatisfied (1) |[ ]  Somewhat Satisfied (2) |[ ]  Satisfied (3) |[ ]  Very Satisfied (4) |

## Please comment

|  |
| --- |
|  |
|  |

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

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

Please comment

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |
|  |

**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:**

|  |
| --- |
|  |

**Thank you very much for your comments and feedback ☺**