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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/Clinic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility | Date: | |  | Test: Circle |  |
| Charlestown Clinic | |  |  | First visit with doctor /follow up visit with doctor  First Visit with technician/ follow up visit with technician  Oximetry collection/Actigraphy watch collection  Equipment Purchase/ Portable Home study.  Equipment drop in visit | | |  |

# 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 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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**7. How did you hear about us?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | GP/Specialist |  | Facebook |  | Internet |  | Website | |
|  | Word of mouth |  | Yellow Pages |  | Newspaper/Magazine | Other \_\_\_\_\_\_\_\_\_\_\_ | |  | |

**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:**

|  |
| --- |
|  |

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