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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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| --- |
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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:**

|  |
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|  |

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