|  |  |
| --- | --- |
| **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.

|  |
| --- |
|  |
|  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment.

|  |
| --- |
|  |
|  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment

|  |
| --- |
|  |
|  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment.

|  |
| --- |
|  |
|  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment.

|  |
| --- |
|  |
|  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment.

|  |
| --- |
|  |
|  |

## **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:**

|  |
| --- |
|  |