



PATIENT SATISFACTION SURVEY

In a continued effort to ensure quality patient care, kindly answer the following questions:

Please indicated where you had your sleep study completed: (circle)

London

Kitchener

Cambridge

Please circle the applicable response:

Did you have any difficulty with location or parking?	YES	NO
When you had your consultation with the physician, did they adequately address your concerns? (Please only answer if you have met with physician)	YES	NO
Were you given enough information to prepare for the sleep study?	YES	NO
Were all your questions answered by the technologist?	YES	NO
Was waiting time for appointment reasonable?	YES	NO

Please rate us on a scale of 1 (POOR) to 5 (EXCELLENT) for the following:

Cleanliness of the clinic:	1	2	3	4	5
Noise level in the bedroom:	1	2	3	4	5
Room Temperature :	1	2	3	4	5
Professionalism of our staff:	1	2	3	4	5
Staff's willingness and promptness to assist you:	1	2	3	4	5
Overall, how satisfied you are with the care at our facility:	1	2	3	4	5

Any additional comments:
