

# WELLNECESSITIES FOR LIFE

## Patient Satisfaction Survey

Thank you for allowing us to perform your recent sleep study. We are committed to providing quality diagnostic testing and excellent customer satisfaction. In order to improve our service, we ask that you please take a few minutes to complete the following questionnaire.

On a scale of 1 to 5, with 1 being the lowest score and 5 being the highest, please circle the number which best applies to your experience with us.

	Very Dissatisfied	Somewhat Dissatisfied	Satisfied	Somewhat Satisfied	Very Satisfied	N/A
1. How was the scheduling process?	1	2	3	4	5	N/A
2. How do you rate the information provided about your sleep study during the scheduling process?	1	2	3	4	5	N/A
3. How was the cleanliness of the facility?	1	2	3	4	5	N/A
4. Was the technician helpful and courteous?	1	2	3	4	5	N/A
5. Did you feel safe and secure while you were here?	1	2	3	4	5	N/A
6. Was the technician professional and informative?	1	2	3	4	5	N/A
7. How do you rate your overall satisfaction?	1	2	3	4	5	N/A
8. Was the sleep lab environment favorable for good sleep? _____ If not, why? _____						

9. In your opinion, what is the one thing that we could have improved to make your test more satisfying?

---



---



---

(Office use)

Date: \_\_\_\_\_ Facility: \_\_\_\_\_ Test: \_\_\_\_\_ Tech: \_\_\_\_\_

Quality Assurance  
8835 Line Ave, Suite 500.  
Shreveport, LA 71106  
(318) 222-0885 Fax: (318) 222-0883 Toll free: (800) 892-9994  
www.wellnecessities.net