

Eastwood Fire District- Emergency Medical Services

Patient Satisfaction Survey

1. Please indicate the date and time of your call for EMS.

Date: _____/_____/_____ Time: _____:_____ AM /PM

For the following questions please circle your answer with 1 being Poor and 10 being outstanding.

2. Did Eastwood EMS treat you and your family professionally?

1 2 3 4 5 6 7 8 9 10
Poor Outstanding

3. How would you rate your care that was provided to you?

1 2 3 4 5 6 7 8 9 10
Poor Outstanding

4. Did Eastwood EMS crew answer your questions and explain what they were doing for you?

1 2 3 4 5 6 7 8 9 10
Poor Outstanding

5. How would you rate the appearance of the EMS Crew?

1 2 3 4 5 6 7 8 9 10
Poor Outstanding

6. Suggestions how to improve our services:
