



# PATIENT SATISFACTION SURVEY

As Stamford's chosen 911-paramedic ambulance service, Stamford Emergency Medical Services, Inc. (SEMS) is committed to the provision of Consistent, Compassionate, Quality paramedic ambulance services to our patients.

SEMS requests feedback in order to provide our patients with the best service possible. We ask that you please take a moment to answer a few questions regarding your encounter with our service.

**SEMS** Call #: \_\_\_\_\_ Crew # \_\_\_\_\_, \_\_\_\_\_

*Please rate the SEMS crew's ability to:*

	Excellent	Good	Fair	Poor
a) be courteous and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) maintain a professional attitude and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) provide high quality medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) provide comfort to patient and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) communicate with the patient and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) treat patient with respect and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) answer all of your questions regarding your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) respond in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time and patience in assisting SEMS in improving our services to you.

Sincerely,

Patricia Squires  
Executive Director

I would like to be called to discuss my encounter.

Name: \_\_\_\_\_

Daytime # \_\_\_\_\_