



**Ste. Genevieve County Ambulance District
Patient Care Survey**

Thank you for helping us to improve our organization and better serve our patients. Please help us by taking a few minutes to tell us about the Ambulance District as you view it. We appreciate your insights and want to make sure we meet our patient's expectations.

1) How would you rate the PROFESSIONALISM of the staff?

5-Excellent 4- Good 3-Average 2-Fair 1-Poor

2) How would you rate the level of COURTESY and ATTITUDE of the staff?

5-Excellent 4- Good 3-Average 2-Fair 1-Poor

3) Rate how you feel your healthcare NEEDS WERE MET.

5-Excellent 4- Good 3-Average 2-Fair 1-Poor

4) How well did we KEEP YOU INFORMED during the course of care?

5-Excellent 4- Good 3-Average 2-Fair 1-Poor

5) How would you rate our OVERALL SERVICE to you?

5-Excellent 4- Good 3-Average 2-Fair 1-Poor

Please feel free to add any additional comments:

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Statement Of Confidentiality

All information that would permit identification of you will be regarded as strictly confidential, will be used only for the purposes of operating and evaluating the study, and will not be disclosed or released for any other purposes without your prior consent, except as required by law.

E-mail to: survey@sgcad.org