

## Sugarloaf Fire Company Inc. EMS Customer Satisfaction Survey

Date EMS was summoned:     /     /

1. Did you call 9-1-1?
  - a. \_\_\_ Yes
  - b. \_\_\_ No someone else called for me.
2. How would you rate your conversation with 911?
  - a. Very Satisfied
  - b. Somewhat Satisfied
  - c. Neutral
  - d. Somewhat Dissatisfied
  - e. Very Dissatisfied
3. How long did you feel it took them to get there?
  - a. 1-3 minutes
  - b. 3-6 minutes
  - c. More than 8 minutes
  - d. Don't recall
4. Which of the following best describes the type of service you received?
  - a. EMS Care with transportation
  - b. EMS Care without transportation
  - c. Other
    - i. Please Specify \_\_\_\_\_
5. Professionalism/Appearance of the emergency medical (EMS) personnel
  - a. Very Satisfied
  - b. Somewhat Satisfied
  - c. Neutral
  - d. Somewhat Dissatisfied
  - e. Very Dissatisfied
6. EMS personnel knowledge/competency in dealing with your emergency
  - a. Very Satisfied
  - b. Somewhat Satisfied
  - c. Neutral
  - d. Somewhat Dissatisfied
  - e. Very Dissatisfied
7. Did the Medical Technicians who treated introduce themselves by name and advise you they were with Sugarloaf Township Fire Department?
  - a. By Name and Agency
  - b. By Name Only
  - c. By Agency Only
  - d. None
  - e. Don't Recall

*Thank you for taking the time to fill out this survey. These surveys play an intricate role in our CARE program which provides us with tools to offer the best customer service.*

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8. Did the medical technicians of Sugarloaf Township Fire Department ask you what hospital you wanted transported to?
- Yes
  - No
  - They did but I told them to transport me to nearest hospital
  - They did but my hospital was not available
  - Don't Recall
9. Hospital
- Hospital Requested \_\_\_\_\_
  - Hospital Transported to \_\_\_\_\_
10. How would you rate your transfer of care from Sugarloaf Township Fire Department to the Hospital Staff?
- Very Satisfied
  - Somewhat Satisfied
  - Neutral
  - Somewhat Dissatisfied
  - Very Dissatisfied
11. How satisfied were you with your overall experience with the Medical Technicians?
- Very Satisfied
  - Somewhat Satisfied
  - Neutral
  - Somewhat Dissatisfied
  - Very Dissatisfied
12. Would you like for someone from Sugarloaf Township Fire Department to contact you regarding this survey?

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please mail this survey to

Sugarloaf Fire Company Inc.

PO Box 80

Sybertsville PA 18251

Phone: 570-788-2249 Fax: 570-708-2084

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