



JOINT COMMISSION ACCREDITED

Patient Satisfaction Survey

We would like to thank you for taking the time to provide us with feedback on your recent visit to REM Diagnostics. With your feedback we will continue to improve the level of quality our patients receive. Please circle the appropriate answers and provide comments based upon your experience.

1. Was there clear and friendly communication regarding the services and treatment during the scheduling process?
Very good Good Fair Poor Very Poor
Comments: _____

2. Was your appointment for your sleep study scheduled within a sufficient period of time?
Very good Good Fair Poor Very Poor
Comments: _____

3. Did your sleep technician explain the testing process during your sleep test in the lab?
Very good Good Fair Poor Very Poor
Comments: _____

4. Was the sleep technician informative and friendly and demonstrate sufficient clinical competency?
Very good Good Fair Poor Very Poor
Comments: _____

5. Was your room quiet during your study?
Very good Good Fair Poor Very Poor
Comments: _____

6. Did you find the sleep lab environment, as well as the lab's location clean, comfortable, and safe?
Very good Good Fair Poor Very Poor
Comments: _____

7. Please rate your overall experience:
Very good Good Fair Poor Very Poor
Comments: _____

Your comments and recommendations are valuable to us- please list any additional comments you have:

