IIUW Y	en Diu 110 men 1001 Lapeemuons Regarding The 1	ronowing.
How many times have you used the Service previously? (please tick a box)  Not at all   10 - 15   1 - 4   more than 15   5 - 10	7 Circle the number of minutes you had the pain/condition before calling 000:  <15     45     75     2hrs     >4hrs 30     60     90     3hrs	12 How did you travel? (please tick)  Ambulance □ Air Ambulance □
The Ambulance staff spoken to on the telephone when the ambulance was requested were professional, polite and caring: (please circle rating out of 10)  Poor Excellent  0 1 2 3 4 5 6 7 8 9 10	8 Circle the severity of your pain/condition when 000 was called:  None Moderate Severe  0 1 2 3 4 5 6 7 8 9 10	Was the standard of the driving: (circle)  Poor Excellent 0 1 2 3 4 5 6 7 8 9 10
The Ambulance staff spoken to on the telephone when the ambulance was requested provided first aid instructions.  YES  NO  NO	9 Were you provided with pain relief treatment by an Ambulance Officer?  YES □ NO □	How would you rate Ambulance staff Performance: (circle)  Poor Excellent 0 1 2 3 4 5 6 7 8 9 10
If NO to Question 3, do you think first aid instructions should have been given? (tick)  YES NO	Circle the severity of your pain/condition when you were delivered to hospital:  None Moderate Severe  0 1 2 3 4 5 6 7 8 9 10	15 Were you satisfied with the overall service provided? (tick)  YES □ NO □
If YES to Question 3, rate the benefit of the first aid advice out of ten: (circle)  Poor Excellent 0 1 2 3 4 5 6 7 8 9 10  The main reason for the emergency was: (please tick) Chest pain Shortness of breath Unconscious Physical injury Obstetric Other	Poor Excellent Physical Care 0 1 2 3 4 5 6 7 8 9 10 Emotional Support 0 1 2 3 4 5 6 7 8 9 10 Information on your condition and treatment 0 1 2 3 4 5 6 7 8 9 10	16 Where can we improve?

Leave Question Blank If Not Applicable

## Thank you for participating in this survey.

## PATIENT SATISFACTION SURVEY

The Ambulance Service, through its staff, is committed to providing the best possible patient outcomes by continually improving the quality of service and being receptive to customer needs.

As part of our desire to continually improve our service to the community we are conducting a patient survey to obtain feedback on our performance.

Your opinion and observations are important in providing us with the patient's viewpoint in relation to the quality of our service and facilities.

Please take a few minutes to complete this survey and return it to us in the reply paid envelope provided.

If the timing of this survey is inappropriate, please disregard and accept our sympathies.

## **Chief Executive Officer**

