### How Well Did We Meet Your Expectations Regarding The Following?

**How many times have you used the Ambulance Service previously?**
- Not at all □
- 1 – 4 □
- 5 - 9 □
- 10 – 15 □
- more than 15 □
(please tick one box)

**How did you travel?** (tick one box)
- Ambulance □
- Station wagon □
- Air Ambulance □

**Please indicate how early or late you were for your appointment? (minutes)**
- On time □
- Early □
- Late □
(tick one box and circle a time)
- <15
- 45
- 75
- 2hrs
- 30
- 60
- 90
- 3hrs

**When you were ready to return home, how long did you have to wait for your transport after the Service was notified? (minutes) (please circle)**
- <15
- 45
- 75
- 2hrs
- 30
- 60
- 90
- 3hrs

**Where can we improve?**

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**How did the journey compare with previous occasions?** (tick one box)
- Better □
- Same □
- Worse □
- Not Applicable □

**How would you rate the performance of the Ambulance staff, out of ten, for:**

- A. Politeness
- B. Caring
- C. Presentation
- Poor
- Excellent

**Were you satisfied with the overall service provided?**
- YES □
- NO □

**Circle the Ambulance care provided for:** (a rating out of 10 for A & B)
- Poor
- Excellent

- A. Physical Care
  - 0 1 2 3 4 5 6 7 8 9 10
- B. Emotional Support
  - 0 1 2 3 4 5 6 7 8 9 10