

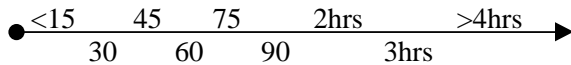
How Well Did We Meet Your Expectations Regarding The Following?

How many times have you used the Ambulance Service previously?

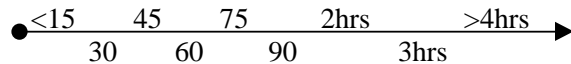
Not at all 1 – 4 5 - 9 10 – 15 more than 15
 (please tick one box)

Please indicate how early or late you were for your appointment? (minutes)

On time Early Late (tick one box and circle a time)



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)



No return trip
 (tick this box if you did not return home on the same day)

How did the journey compare with previous occasions? (tick one box)

Better Same Worse Not Applicable

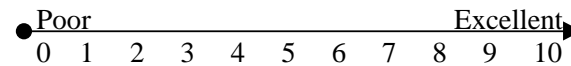
Circle the Ambulance care provided for: (a rating out of 10 for A & B)

	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

6 How did you travel? (tick one box)

Ambulance Station wagon Air Ambulance

7 Was the standard of the driving: (circle a rating out of 10)



8 How would you rate the performance of the Ambulance staff, out of ten, for: (circle a rating out of 10 for A, B and C)

	Poor	—————▶	Excellent								
A. Politeness	0	1	2	3	4	5	6	7	8	9	10
B. Caring	0	1	2	3	4	5	6	7	8	9	10
C. Presentation	0	1	2	3	4	5	6	7	8	9	10

9 Were you satisfied with the overall service provided?

YES NO

10 Where can we improve?
