



SEMS PARAMEDIC SERVICES

innovation in rural paramedicine

901 West First Street - Post Office Box 911 - Sumner, IA 50674
 Telephone: 563.578.8888 - Website: www.sumnerems.com - Email: director@sumnerems.com

Dispatch #

Date of Service:

At SEMS Paramedic Services, we appreciate your business and hope we have earned your continued trust. In our effort to continually improve the quality and value of services we provide, we hope that you will take a few moments and complete the short survey below. We value your input and appreciate your time. Please return this survey to the address above. Thank you.

RESPONSES [1] Strongly Agree, [2] Agree, [3] Neutral, [4] Disagree, [5] Strongly Disagree

	1	2	3	4	5
1. The dispatcher was courteous and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The response of the ambulance was timely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ambulance and equipment was clean and orderly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. SEMS crew presented a professional appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. SEMS crew was courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SEMS crew was knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SEMS met or exceeded the needs of the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The patient's pain was adequately managed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SEMS met or exceeded the needs of the patient's family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The patient and/or family was informed and involved in making decisions concerning care and transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or personnel to be recognized? _____

YES, I wish to be contacted by SEMS Paramedic Services management to discuss this further.

Name: _____

Telephone: _____