



Remark Office County Fire Protection District  
CARDIAC CUSTOMER SATISFACTION SURVEY

Please fill in the circle that represents the number of minutes you experienced chest pains before 911 was called:

<15	15 - 30	31 - 45	46 - 60	61 - 75	76 - 90	91 - 120	121 - 180	> 180
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Please circle the number of minutes you experienced chest pains before 911 was called:

Please fill in completely the circle that best describes your situation with the following:

None	Mild Pain	Modest Pain	Severe Pain
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Please circle the severity of your chest pain when paramedics first arrived:

1  2  3  4  5  6  7  8  9  10

Please circle the severity of your chest pain when paramedics delivered you to the emergency room:

1  2  3  4  5  6  7  8  9  10

Please fill in completely the circle the best describes your experience with the following:

Outstanding	Excellent	Average	Fair	Poor
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The 911 call was handled in a prompt, courteous, and competent manner:

The 911 instructions given prior to the arrival of the paramedics were:

The crew acted in a concerned, caring, and professional manner:

The paramedics clearly explained the procedures performed:

How would you rate the overall quality of the care provided:

How would you rate your overall experience with our services:

Please fill in completely the circle the best describes your satisfaction with the following:

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
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How satisfied are you that your questions were answered and you were provided with adequate information or documents during your interaction with Central Jackson County Fire Protection District?

Please provide any comments or concerns you have regarding the services provided by the Remark Office County Fire Protection District:


Thank you for assisting us in providing better services to you. Run # \_\_\_\_\_