



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	Moderate 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 # _____