Print Form

WOOSTER COMMUNITY HOSPITAL
Sleep Disorder Center
Comment Sheet

The following questions were designed to have you help us increase the quality of the Sleep Disorder Center. We would appreciate any comments and or suggestions you may have regarding room comfort, staff, and testing. Please rate the following questions according to the scale below. Thank you for helping us make the Sleep Disorder Center a better place to stay.

#1 POOR #2 FAIR #3 GOOD #4 EXCELLENT

Physician Evaluation

1) Were you satisfied with the time frame in which you received your appointment? Comment: 1 2 3 4

2) Did the Physician provide you with enough in formation pertaining to your testing? Comment: 1 2 3 4

3) Was the staff pleasant and courteous? Comment: 1 2 3 4

Daytime/Nighttime Study

1) Were you comfortable in your room? Comment: 1 2 3 4

2) Did you feel your room and bathroom were clean? Comment: 1 2 3 4

3) Was the temperature in your room appropriate? Comment: 1 2 3 4

4) Was the staff pleasant and courteous? Comment: 1 2 3 4

5) Were you comfortable in our lounge area? Comment: 1 2 3 4

6) Were your questions answered to your satisfaction? Comment: 1 2 3 4

7) If your spouse or friend had a sleep problem, would you recommend our lab? Comment: 1 2 3 4

8) Was there a special individual that made your experience at Wooster Community Hospital particularly pleasant?

Name (optional) _____

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