



**Remark Office County Fire Protection District  
CARDIAC CUSTOMER SATISFACTION SURVEY**

<b>Please fill in the circle that represents the number of <u>minutes</u> you experienced chest pains before 911 was called:</b>	<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:

<b>Please fill in completely the circle that best describes your situation with the following:</b>	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  0

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  0

<b>Please fill in completely the circle the best describes your experience with the following:</b>	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:

<b>Please fill in completely the circle the best describes your satisfaction with the following:</b>	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?

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

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