

# Post Sleep Study Patient Questionnaire

Dear Patient:

In an effort to improve the service we provide to our patients, we would appreciate it if you could take a few minutes to complete the following short questionnaire as related to your sleep study. Please be assured that your responses will remain confidential. Thank you.

Patient Name: \_\_\_\_\_ Date of Study: \_\_\_\_\_

*Please mark the appropriate circle. Thank you.*

*Lowest* ①

②

③

④

*Highest* ⑤

How accommodating and courteous was the person scheduling your study?

①

②

③

④

⑤

How easily did you find the location of the study?

①

②

③

④

⑤

Overall, how accommodating was the technician?

①

②

③

④

⑤

How well were you explained the study by the technician?

①

②

③

④

⑤

How comfortable were you during the study?

①

②

③

④

⑤

Please explain briefly: \_\_\_\_\_

How would you rate the place of the study?

①

②

③

④

⑤

Please explain briefly: \_\_\_\_\_

Overall, how would you rate our services?

①

②

③

④

⑤

Would you recommend our services to others?

①

②

③

④

⑤

Are there any comments or suggestions that you would like to share with us? *(Use space below and over)*

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