

**Johnsburg Emergency Squad, Inc.
Patient Service Questionnaire**

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| 1. Are you a resident of or a visitor to the Town of Johnsburg? | Resident | Visitor |
| 2. Was this your first time using the Johnsburg Emergency Squad? | Yes | No |
| 3. Did the JES crew clearly identify themselves? | Yes | No |
| 4. Did the ambulance respond in a timely manner? | Yes | No |
| 5. Was the crew friendly and polite? | Yes | No |
| 6. Did the crew listen to you with empathy? | Yes | No |
| 7. Did the medic tell you what s/he was going to do next? | Yes | No |
| 8. Do you feel the level of care you received was acceptable? | Yes | No |
| 9. Was your transfer to the care of GFH staff acceptable? | Yes | No |
| 10. On a scale of 1 (low) to 10 (high), how would you rate JES's care? | _____ | |

Feel free to write below any comments you care to make. There is no need to sign this questionnaire. We appreciate your taking the time to fill this out and return it to us.

Return Questionnaire to:

Johnsburg Emergency Squad
624 Peaceful Valley Road
North Creek, NY 12853

518-251-2244