

Sleep Study Patient Satisfaction Survey

Sleep Room # _____

Date of Study ____/____/____

1. Was your sleep room quiet enough to sleep during your study?

Comments: _____

2. Was your sleep room and bed comfortable?

Comments: _____

3. Did your sleep tech explain the testing process well and treat you courteously during your sleep test in the lab?

Comments _____

4. Was scheduling of your sleep lab test well explained by your sleep physician's office staff

Comments: _____

5. Were you re-contacted to confirm your sleep lab appointment?

Comments: _____

6. Were you given the *FAQ sheet* and directions for finding the sleep lab at SPA Sleep Disorders Center?

Comments: _____

Strongly Disagree	Disagree	Average	Agree	Strongly Agree
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Your comments and recommendations are valuable to us. Please list any additional comments you have:

