

## **Everything CPAP Patient Survey**

Please use the following scale:

1= Unacceptable , 2 = Acceptable , 3 = Above average N/A = Not Applicable

Appointments were available and scheduled in a timely manner	N/A 1 2 3
I was seen at my scheduled appointment time	N/A 1 2 3
Overall satisfaction with the service received from Everything CPAP staff	N/A 1 2 3
I received adequate information about the treatment process including care and use of my device	N/A 1 2 3
Written and verbal instructions on how to use the device were clearly communicated	N/A 1 2 3
I received information on how to contact the office concerning any questions or concerns I might have	N/A 1 2 3
Overall satisfaction with the quality your experience at Everything CPAP	N/A 1 2 3
Likelihood of recommending Everything CPAP to others?	N/A 1 2 3

Additional comments or suggestions:

---

---

---

---

---

Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_