



Garden City Fire Department Emergency Medical Service Post Incident Patient/Family Survey



The Garden City Fire Department is committed to excellence in both patient care and customer service. Please help us maintain this goal by spending a few moments completing our survey and returning it by mail, email or by stopping by our station at 6000 Middlebelt Road. Thank you!

Please rank each statement from 1 (strongly disagree) to 5 (strongly agree). Please circle the number that best represents your ranking. If the question does not apply to your situation, please write in "NA".

- 1. The 9-1-1 dispatcher collected all the necessary information quickly and efficiently. 1 2 3 4 5
- 2. The 9-1-1 dispatcher was helpful and courteous. 1 2 3 4 5
- 3. I used a cellular/wireless phone to contact 9-1-1 Y N
- 4. The Fire Department provided a timely response to my emergency call. 1 2 3 4 5
- 6. The firefighter-paramedics were thorough in assessing my current condition and obtaining my medical history. 1 2 3 4 5
- 7. The firefighter-paramedics were confident and skillful 1 2 3 4 5
- 8. The firefighter-paramedics moved me appropriately and were as gentle as possible. 1 2 3 4 5
- 9. My pain was managed appropriately. 1 2 3 4 5
- 10. The firefighter-paramedics were helpful and courteous. 1 2 3 4 5
- 11. The firefighter-paramedics explained the situation to me and/or my family members. 1 2 3 4 5
- 12. All reasonable efforts were made to protect my privacy and dignity. 1 2 3 4 5
- 13. I would not hesitate to call for Garden City firefighter-paramedics in the case of a medical emergency in the future. 1 2 3 4 5
- 14. The Garden City Fire Department EMS responded with adequate equipment, personnel and expertise to handle my emergency effectively. 1 2 3 4 5

Comments: _____

