



Sierra Pulmonary & Sleep Institute

“Comprehensive Compassionate Care”

Patient Satisfaction Questionnaire

	Please Rate the following items from 1(lowest) to 5 (highest)	1	2	3	4	5
1	Interaction and communication with the Sleep Center administrative staff					
2	Scheduling of your sleep study					
3	Directions and access to the Sleep Center					
4	Explanation of procedures, monitoring, and testing					
5	Experience with staff performing your study					
6	Comfort of your room and surroundings					
7	cleanliness of facility					
8	Restroom and shower accommodations					
9	Staff's response to your needs and concerns					
10	Overall experience in the Sleep Center					

Did the Sleep Center meet your expectations? _____

What improvements can we make in facility and procedures?

Please provide any additional comments you may have.

Sleep Center	Sleep Study Date
Use Only	Sleep Study Number