

***Pioneer Neurology and Sleep***  
299 Carew Street Suite 119 ; Springfield, MA 01104  
Tel: 413-736-1500 ; Fax: 413-736-1600

***Patient Satisfaction Survey (sleep study)***

*We appreciate any comments on how we can improve our services. We realize sleeping in a different environment attached to several monitors and wires is not an ideal situation, but we thrive to make your study as pleasant as possible.*

1. The date you had your sleep study: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Was the room and bed comfortable?

- Excellent*
- Average*
- Poor*
- Other*

\_\_\_\_\_

3. Was there excessive noise during your study?

- Yes*
- No*
- Other*

\_\_\_\_\_

4. Was the temperature comfortable?

- Yes*
- No*
- Other*

\_\_\_\_\_

5. Was the facility clean?

- Excellent*
- Average*
- Poor*
- Other*

\_\_\_\_\_

6. Did the technician treat you in a professional and respectable manner?

- Yes*
- No*
- Other*

\_\_\_\_\_

7. Did the technician adequately explain what they were doing and the procedure?

- Yes*
- No*
- Other*

\_\_\_\_\_

\_\_\_\_\_

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8. Additional comments or Suggestions?

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10. Name (Optional) \_\_\_\_\_

**IF you do not have time to fill out this survey the morning after your sleep study, please bring Survey with you on your follow up visit, or mail, or fax to address at top of the page.**  
Fax #: 413 736 1600

***Thank You***  
*Ed Payne, RPSGT*  
*LaGrande Russell*