



SPA 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: _____

Agree	Somewhat Agree	Disagree
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Your comments and recommendations are valuable to us – please list any additional comments you have: _____

