

USNH Yokosuka Medevac Satisfaction Survey

Originating Clinic/ Facility

Destination Clinic/ Facility

Arrival – Departure Date

I. Please evaluate the service you received from the MEDEVAC office, below:

ORIGINATING FACILITY

OVERALL EVALUATION						
	Excellent 5	Very Good 4	Good 3	Fair 2	Poor* 1	N/A
Overall Helpfulness of Staff						
Timeliness of response to your needs						
Availability of staff						
Knowledge of staff						
Professionalism						

DESTINATION FACILITY

OVERALL EVALUATION						
	Excellent 5	Very Good 4	Good 3	Fair 2	Poor* 1	N/A
Overall Helpfulness of Staff						
Timeliness of response to your needs						
Availability of staff						
Knowledge of staff						
Professionalism						

II. Were the following objectives met during the MEDEVAC process?

(A RATING SYSTEM AS ABOVE (1-5 +N/A) OR YES / NO EVALUATION CAN BE UTILIZED)

	Strongly Agree 5	Agree 4	Undecided 3	Disagree* 2	Strongly Disagree* 1	N/A
1. My medical needs specific to this medevac were addressed						
2. All of my administrative needs were addressed						
3. Transportation						
4. Lodging						
5. Follow-up appointments						

III. General Comments:

A. How do you think our MEDEVAC office can better serve you in the future?

B. Additional Comments: (* Please explain further. Thank you)