|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please fill in the circle that represents the number of minutes you experienced chest pains before 911 was called:** | <15 | 15 – 30 | 31 – 45 | 46 – 60 | 61 – 75 | 76 – 90 | 91 – 120 | 121 – 180 | >180 |
| Please circle the number of minutes you experienced  chest pains before 911 was called: |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please fill in completely the circle that best describes your situation with the following:** | None |  | Mild Pain | |  |  | Moderate Pain | |  | Severe Pain |
| Please circle the severity of your chest pain *when paramedics first arrived*: |  |  |  |  |  |  |  |  |  |  |
| Please circle the severity of your chest pain *when paramedics delivered you to the emergency room*: |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please fill in completely the circle the best describes your experience with the following:** | Outstanding | Excellent | Average | Fair | Poor |
| The 911 call was handled in a prompt, courteous, and competent manner: |  |  |  |  |  |
| The 911 instructions given prior to the arrival of the paramedics were: |  |  |  |  |  |
| The crew acted in a concerned, caring, and professional manner: |  |  |  |  |  |
| The paramedics clearly explained the procedures performed: |  |  |  |  |  |
| How would you rate the overall quality of the care provided: |  |  |  |  |  |
| How would you rate your overall experience with our services: |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please fill in completely the circle the best describes your satisfaction with the following:** | Very Satisfied | Somewhat Satisfied | Somewhat Dissatisfied | Very Dissatisfied |
| How satisfied are you that your questions were answered and you were provided with adequate information or documents during your interaction with Central Jackson County Fire Protection District? |  |  |  |  |

|  |
| --- |
| **Please provide any comments or concerns you have regarding the services provided by the Remark Office County Fire Protection District:** |
|  |
|  |
|  |
|  |
|  |

**Thank you for assisting us in providing better services to you.** Run # \_\_\_\_\_\_\_\_\_\_\_\_\_\_