



# FREDERICKSBURG EMERGENCY MEDICAL SERVICES

INC.# \_\_\_\_\_ DATE \_\_\_\_\_

As part of the on-going quality assurance program for the Fredericksburg EMS, this evaluation is used as a tool to improve the quality of care to the citizens that we serve. Your comments are very valuable in assessing and improving the service. Please take the time to fill out the following information and return it to us. Thank you!

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|----|--|-----|----|
| 1) | Did you receive prompt and courteous service from the person handling your request for EMS service(ie, 911 call taker) | YES | NO |
| 2) | Were the EMS technicians courteous and polite?   | YES | NO |
| 3) | Did the EMS technicians act in a professional manner?  | YES | NO |
| 4) | Were the EMS technicians dressed in an appropriate manner?   | YES | NO |
| 5) | Were all the medical procedures explained to you?  | YES | NO |
| 6) | If transported, did you feel the trip was appropriate?   | YES | NO |
| 7) | Were other family members, if present, treated in a courteous manner and comforted in their time of need?              | YES | NO |
| 8) | On a scale from 1 to 10 (10 being the highest) how would you rate the service provided by the Fredericksburg EMS?      |     |    |

1      2      3      4      5      6      7      8      9      10

- 9) Please feel free to make any additional comments about the service you received.

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Please return to:                      Fredericksburg EMS, Quality Assurance Program  
126 West Main Street  
Fredericksburg, Texas 78624