

**Facility Awareness &  
Needs Questionnaire**



*This survey has been created to gather feedback from facilities that we have identified as excellent candidates for STAT EMS exclusive services. Once completed, this will be used to generate QNA (Quality Needs Assessment) reports.*

*Please complete all fields.*

**Demographic Information**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
e-mail Address: \_\_\_\_\_  
Organization Role: \_\_\_\_\_  
*(i.e., Functional head, etc.)*

**Needs Summary**

Rate the following attributes to help us determine what is important in an ambulance company:

Wide Availability of Response Units	1	2	3	4	5
Quick Response Times	1	2	3	4	5
Large mix of BLS units	1	2	3	4	5
Large mix of ALS units	1	2	3	4	5
Courteous technicians	1	2	3	4	5
Lowest cost provider	1	2	3	4	5
Complete services provider	1	2	3	4	5

**Next Steps**

Please contact me regarding industry information.	Y	N
Please send me my completed QNA report.	Y	N
Please arrange for a follow-up interview.	Y	N

*Thank you for taking the time to complete this survey.*