



Radio Medical Advice – Post advice questionnaire

In order to improve our service, we kindly ask you to fill in this questionnaire¹:

P1. Patient's initials	P2. Patient's age
P3. How did treatment end?	<input type="checkbox"/> Patient fully recovered on board <input type="checkbox"/> Doctor's visit was arranged in the next port of call <input type="checkbox"/> Patient was admitted to hospital <input type="checkbox"/> Deviation was necessary <input type="checkbox"/> Patient underwent MEDEVAC <input type="checkbox"/> by Helicopter <input type="checkbox"/> by Speedboat <input type="checkbox"/> other (please specify): <input type="checkbox"/> Patient died on board
P4. Medical Diagnosis	If the patient had contact to the medical system ashore, please <input type="checkbox"/> send us the medical report of the patient by mail or <input type="checkbox"/> give us the diagnosis the doctor was telling the patient: 1. 2. 3. 4.
P5. How was your experience of our service?	Not helpful helpful
P6. How did you experience our time of reaction?	Very slow very fast
P7. Did you feel safe with the recommendations?	Not at all very safe
P8. How did you get into contact with us?	<input type="checkbox"/> Telephone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> others (please specify):
P9. Did you experience any problems contacting us?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
P10. Did you receive any other recommendation by another TMAS on the same case?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify the TMAS service you were additionally contacting, i.e. CIRM, TMAS France etc.):
P11. Do you have any comments to our service?	

Thank you for taking your time to answer these questions.

All the best for you and your crew,

Kindly yours

Team TMAS Germany



¹ all information is for quality management purposes only.