

Customer Satisfaction Survey



Excellent	Good	Average	Fair	Poor	N/A
-----------	------	---------	------	------	-----

1	The equipment and/or supplies were delivered at the agreed upon time.	5	4	3	2	1	N/A
2	The equipment and/or supplies were clean when received.	5	4	3	2	1	N/A
3	The equipment operates properly.	5	4	3	2	1	N/A
4	Adequate instructions were provided for the safe use of the equipment.	5	4	3	2	1	N/A
5	The staff was courteous and helpful.	5	4	3	2	1	N/A
6	The response to your questions, problems, and concerns was timely.	5	4	3	2	1	N/A
7	The business practices allow easy and understandable access to equipment, items, services, and information.	5	4	3	2	1	N/A
8	I would recommend your service to my friends and family.	5	4	3	2	1	N/A
9	The services provided met my needs and expectations.	5	4	3	2	1	N/A
10	I was satisfied with the response I received if I called for assistance on weekends or after hours.	5	4	3	2	1	N/A

11	My financial responsibilities for the services and/or equipment were adequately explained to me.	Yes	No	N/A
12	Patient rights and responsibilities were adequately explained to me.	Yes	No	N/A

Name (Optional): _____

Phone (Optional): _____ Date: _____

Comments / Suggestions: _____
