

Pearl Rose Wellness Patient Satisfaction Survey

Our mission is to guide our patients step- by- step through the breast cancer journey by holding your hand from the moment of diagnosis and beyond. Therefore, your satisfaction with our services is extremely important to us. We would like your input on areas where we can improve. Please take the time to fill out this survey and return it to us. **Please circle one answer for each of the following questions.**

5- Extremely Satisfied 4-Satisfied 3- Neutral 2- Needs Improvement 1-Unsatisfied

1. The garments and/or supplies were delivered on time.	5	4	3	2	1
2. The garments and/or supplies were in good condition when delivered.	5	4	3	2	1
3. The instructions and warranties were explained to me.	5	4	3	2	1
4. The staff was courteous and helpful.	5	4	3	2	1
5. The financial responsibility and/or insurance benefits explained to me.	5	4	3	2	1
6. Overall, the services I received were to my satisfaction.	5	4	3	2	1
7. I would recommend Pear Rose Wellness to others in need of this service.	5	4	3	2	1

Please circle one:

In-person services

Telehealth (virtual)

Thank you for making us a better place for your garments needs,

Name _____(optional)

Date: _____