



## CLIENT SURVEY

Please complete our client satisfaction survey.

	PLEASE CHECK THE APPROPRIATE BOXES			
	Excellent	Good	Fair	Poor
Please rate the quality of the services you received from us				
Please rate the information we provided on our website				
Please rate our staff in terms of efficiency				
Please rate our responsiveness to feedback				
Please rate your overall experience with our services				
<i>Additional Feedback:</i>				

	PLEASE CHECK THE APPROPRIATE BOXES	
	YES	NO
Would you recommend us to friends and family?		
<i>Additional Comments:</i>		

Thank you for helping our company to improve hospice care services and serve you better.

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## SATISFACTION SURVEY FOR DME AND PHARMACY SERVICES

Your satisfaction with our services is very important to us. The purpose of this survey is to get feedback from you, so that we may provide you with the highest quality service. The patient or patient’s family may complete the survey.

### PHARMACY SERVICES

	PLEASE CHECK THE APPROPRIATE BOXES			
	Very Satisfied	Satisfied	Adequate	Unsatisfied
The medications were delivered in a timely manner				
The drivers were courteous and helpful				
When calling the pharmacy, the staff was courteous and helpful				
My questions are answered to my satisfaction				
Overall the services I receive are to my satisfaction				
<i>Additional Feedback:</i>				

### DME SERVICES (DURABLE MEDICAL EQUIPMENTS i.e. Hospital Bed, Oxygen, etc.)

	PLEASE CHECK THE APPROPRIATE BOXES			
	Very Satisfied	Satisfied	Adequate	Unsatisfied
Was the equipment/service provided in a timely manner?				
Were you given complete instructions on your equipment/care?				
Were you given complete instructions on your equipment/care?				
Were all your questions answered to your satisfaction?				
Was the staff courteous, knowledgeable, and professional?				
Were you instructed on who/where to call with questions or problems?				
Were you satisfied with your equipment/service?				
Would you recommend our equipment/services to others?				
<i>Additional Feedback:</i>				

Thank you for your time in participating with this survey!

Name: \_\_\_\_\_

Date: \_\_\_\_\_