



Date: _____

Client Name: _____

CLIENT SATISFACTION SURVEY

It is our desire to provide you with the best quality services available. To help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and mail it back to us. Thank you.

- 1) Was your equipment (and supplies if applicable) delivered on time?
YES NO
- 2) Was the equipment (and supplies if applicable) delivered / dispensed accurately?
YES NO
Was the training and consultations effective in educating you or your caregiver on YES
NO
- 3) your equipment (and supplies if applicable)?
YES NO
- 4) Were the educational materials and instructions provided adequate to educate you or your caregiver on the product(s) provided?
YES NO
- 5) Was the company staff courteous and helpful?
YES NO
- 6) Were your financial responsibilities explained to you?
YES NO
- 7) Did you receive advice or help when requested?
YES NO
- 8) Did the services provided have a positive impact on the outcome of your care?
YES NO
- 9) Would you recommend our services to friends and family?
YES NO
- 10) Did the services provided meet your needs and expectations?
YES NO

Please see back to write any comments.



Comments:

Thank you for participating in our study. It's important to note that the information you have provided will be used solely for the purpose of improving our services to you and other clients. We are committed to maintaining the confidentiality of your data and ensuring that it is not used for sales purposes. If you have any further questions or if there's anything else we can assist you with, please feel free to reach out. Your input is valuable, and we appreciate your participation in our efforts to enhance the quality of our services.

**When you have completed the questionnaire, place it in an envelope and please mail it to us at:
Forester Family Medical Supply, Inc.
4061 S Eliot Street
Englewood, Colorado 80110
Attn: Chris Forester**