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Customer Satisfaction Survey

We strive to provide service that is in a class by itself, but the real test is whether we meet your expectations. Please let us know how we can improve our performance. Excellence in providing home medical equipment services is our primary goal. Thank you for taking the time to fill out this Customer Satisfaction Survey.

Check (✓) the type of service you received.

- | | |
|--|--|
| <input type="checkbox"/> Respiratory or oxygen equipment | <input type="checkbox"/> Hospital bed, patient lift, trapeze bar |
| <input type="checkbox"/> Ambulatory (walker, cane, crutches) | <input type="checkbox"/> Bath safety products |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Medical supplies |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Please read each statement and check one (1) box that best describes your level of satisfaction.

	Statement	5 Excellent	4 Good	3 Average	2 Fair	1 Poor	N/A Not Applicable
1	The equipment and/or supplies were delivered at the agreed upon time.						
2	The equipment and/or supplies were clean when delivered.						
3	The equipment operates properly.						
4	Adequate instructions were provided for safe use of the equipment.						
5	The staff was courteous and helpful.						
6	The after-hours or on-call policy was explained.						
7	I would recommend your service to my friends and family.						
8	My financial responsibilities were explained.						
9	My rights and responsibilities were explained.						
10	The products or services met my healthcare needs and expectations.						

Please give us suggestions to improve our services: _____

Name: _____ Date: _____

Survey completed by: Patient Family Member Other caregiver