

Tanglewood Medical Supplies
2445 NW LOOP
STE B
STEPHENVILLE, TX 76401-1705

Customer Satisfaction Survey

Dear Customer,

As a valued customer, we want to know how satisfied you are with our equipment/supplies and services. Please complete this survey and return it via mail, fax, or email. Thank you for helping us serve you and others better.

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

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. How would you rate the knowledge and professionalism of our staff? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. How would you rate our staffs effiency in handling your order? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. How would you rate the knowledge and professionalism of our service technician? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was your equipment explained in a satisfactory manner? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. How would you rate your satisfaction with your equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you had any major problems with the equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. If you called our office, was your request taken care of in a timely manner? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. If you called office after hours, was your call returned promptly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Would you recommend us to a family member or friend? |

Additional Comments: _____

What equipment, supplies, or sevicess did you request?

In what ways can our services be improved?

Name (optional) _____ Date _____

Telephone Number _____ - _____ - _____
(optional)

