

PERCEPTION OF CARE/SATISFACTION SURVEY

You are our valued customer and your opinion is important to us. Completion of this survey will help us improve our services to you and to others who use home care equipment.

	Very Satisfied	Somewhat Satisfied	Not Satisfied	Not Applicable
1. Did the home equipment/supplies always arrive in good working order and with a clean and neat appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your medical equipment supplies arrive at the scheduled delivery time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were delivery personnel knowledgeable about your equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you adequately instructed in the use and care of the equipment to allow you to comfortably use your equipment/supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were our delivery and service personnel friendly, professional and courteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were you informed about our 24-hour availability, our after-hours telephone and your rights and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were you informed about our grievance/complaint process and the 24-hour state hot line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been able to obtain help/services after hours by using our after-hours telephone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have all questions regarding payment or billing been handled to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the medical equipment or supplies performed as expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has our customer service staff helped you in a timely, courteous fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has our customer service staff resolved your concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

We appreciate the time taken to complete and return this survey.

Optional: Name: _____ Phone: _____

If you'd like to be contacted about our services, please list your name and telephone number.