

## PATIENT SATISFACTION SURVEY

	Excellent	Good	Fair	Poor	N/A
Your initial delivery was on time and complete.	___	___	___	___	___
We explained your financial responsibility, if any.	___	___	___	___	___
The delivery person explained all paperwork to you or your caregiver.	___	___	___	___	___
Your delivery driver was helpful, professional and courteous.	___	___	___	___	___
You understood how to re-order supplies.	___	___	___	___	___
Your deliveries arrive in good condition.	___	___	___	___	___
You understood the process to lodge a complaint or deliver a suggestion for improvement.	___	___	___	___	___
You understood what to do in case of an emergency.	___	___	___	___	___
You understood how your equipment worked and how you were to use your supplies.	___	___	___	___	___
If you called the office, our response was quick, professional and answered your question.	___	___	___	___	___
You received a quick response if you had a question off-hours.	___	___	___	___	___
How would you rate your delivery person?	___	___	___	___	___
How would you rate the office staff?	___	___	___	___	___
How would you rate your overall experience?	___	___	___	___	___

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_