



In an effort to continuously improve our services, please take a few minutes to complete our survey.

Customer Satisfaction Survey

Please rate each item on a scale from 1 – 5

1= Strongly Disagree

3=Somewhat Agree

4= Agree

5= Strongly Agree

2= Do Not Agree

N/A= Not Applicable---You did not have this service and can not rate it

1. Our customer service phone staff were courteous and polite

N/A 1 2 3 4 5

2. Our delivery arrived at your home within the promised time frame

N/A 1 2 3 4 5

3. Your order was complete when you received it

N/A 1 2 3 4 5

4. Our delivery staff were respectful of your home and belongings

N/A 1 2 3 4 5

5. We were able to supply all of the products/services you need

N/A 1 2 3 4 5

6. Our driver left you with clear written instructions of how to use your equipment and how to reach our office during office hours and afterwards

N/A 1 2 3 4 5

7. You are aware of all of the products and services we provide

1 2 3 4 5

8. You would refer us to your family or friends for medical supplies and medical equipment services

1 2 3 4 5

If there anything you want to tell us, good or bad, please use the lines below:

Thank You!