



PERCEPTION OF CARE/SATISFACTION SURVEY

PLEASE RETURN IN SELF ADDRESSED STAMPED ENVELOPE ALONG WITH THE DELIVERY TICKET.
THANK YOU.

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 your orthotics 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 orthotics arrive at the scheduled delivery time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive instructions in the use and care of the orthotics to allow you to comfortably use them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you informed about our 24-hour availability, our after-hours telephone and your rights and responsibilities in your orthotic information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you informed about our grievance/complaint process and the 24-hour state hot line in your orthotic package?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have all questions regarding payment or billing been handled to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your orthotic performed as expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has our customer service staff helped you in a timely, courteous fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has our customer service staff resolved your concerns you may have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

We appreciate the time taken to complete and return this survey. If you'd like to be contacted about our services, please list your name and telephone number.

Optional

Name: _____

Phone #: _____

